



LIFE AND ACCIDENT AND HEALTH COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2018
OF THE CONDITION AND AFFAIRS OF THE

Golden Rule Insurance Company

NAIC Group Code	0707 (Current)	0707 (Prior)	NAIC Company Code	62286	Employer's ID Number	37-6028756
Organized under the Laws of	Indiana			State of Domicile or Port of Entry		IN
Country of Domicile	United States of America					
Incorporated/Organized	06/17/1959			Commenced Business		06/23/1961
Statutory Home Office	7440 Woodland Drive (Street and Number)			Indianapolis, IN, US 46278 (City or Town, State, Country and Zip Code)		
Main Administrative Office	7440 Woodland Drive (Street and Number)			Indianapolis, IN, US 46278 (City or Town, State, Country and Zip Code)		
				317-290-8100 (Area Code) (Telephone Number)		
Mail Address	7440 Woodland Drive (Street and Number or P.O. Box)			Indianapolis, IN, US 46278 (City or Town, State, Country and Zip Code)		
Primary Location of Books and Records	7440 Woodland Drive (Street and Number)			Indianapolis, IN, US 46278 (City or Town, State, Country and Zip Code)		
				317-290-8100 (Area Code) (Telephone Number)		
Internet Website Address	goldenrule.com					
Statutory Statement Contact	Greg Todd Icenogle (Name)			317-715-7013 (Area Code) (Telephone Number)		
	greg.icenogle@uhc.com (E-mail Address)			317-405-3895 (FAX Number)		

OFFICERS

President, Chief Executive Officer, Chair	Patrick Francis Carr	Vice President, Chief Financial Officer	Jeremy Michael Schoettle
Vice President, Secretary	Richard Charles Sullivan	Treasurer	Peter Marshall Gill #

OTHER

Nyle Brent Cottingham, Vice President	John Frederick Frank, Vice President	James Mark Gabriel, Senior Vice President
Heather Anastasia Lang, Assistant Secretary	James Elmer Prochnow, Vice President	

DIRECTORS OR TRUSTEES

Patrick Francis Carr	John Frederick Frank	James Mark Gabriel
Jeremy Michael Schoettle #	Richard Charles Sullivan	

State of Indiana SS:
County of Marion

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Patrick Francis Carr President, Chief Executive Officer, Chair	Richard Charles Sullivan Vice President, Secretary	Jeremy Michael Schoettle Vice President, Chief Financial Officer
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Subscribed and sworn to before me this
day of

- a. Is this an original filing? Yes [X] No []
b. If no,
1. State the amendment number.....
2. Date filed
3. Number of pages attached.....



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Alabama
NAIC Group Code 0707

DURING THE YEAR 2018
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	317,032		20,179		337,210
2. Annuity considerations	11,600				11,600
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	328,632	0	20,179	0	348,810
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	442,945		0		442,945
10. Matured endowments					0
11. Annuity benefits	649,638				649,638
12. Surrender values and withdrawals for life contracts	313,988				313,988
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	1,406,571	0	0	0	1,406,571
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:	8	450,470	0	0	0	0			8	450,470
18.1 By payment in full	7	442,945				0			7	442,945
18.2 By payment on compromised claims									0	0
18.3 Totals paid	7	442,945	0	0	0	0	0	0	7	442,945
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	7	442,945	0	0	0	0	0	0	7	442,945
19. Unpaid Dec. 31, current year (16+17-18.6)	1	7,525	0	0	0	0	0	0	1	7,525
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	404	46,921,818	0 (a)	0	0	8,552,000	0	0	404	55,473,818
21. Issued during year	161	7,275,000							161	7,275,000
22. Other changes to in force (Net)	(198)	(14,239,712)			0	(1,287,000)			(198)	(15,526,712)
23. In force December 31 of current year	367	39,957,106	0 (a)	0	0	7,265,000	0	0	367	47,222,106

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	10,687,644	10,711,868		7,357,781	6,832,857
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,806,314	1,756,677		734,037	972,949
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	124,031	121,921		4,069	38,237
25.5 All other (b)	1,336,423	1,332,661		559,771	605,777
25.6 Totals (sum of Lines 25.1 to 25.5)	3,266,768	3,211,260	0	1,297,878	1,616,964
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	13,954,412	13,923,128	0	8,655,659	8,449,821

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 4,217 and number of persons
insured under indemnity only products 1,546 .



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Alaska
NAIC Group Code 0707

DURING THE YEAR 2018
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	17,322		0		17,322
2. Annuity considerations	7,199				7,199
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	24,521	0	0	0	24,521
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits	57,720				57,720
12. Surrender values and withdrawals for life contracts	5,008				5,008
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	62,728	0	0	0	62,728
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year									0	0
17. Incurred during current year Settled during current year:									0	0
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	32	9,292,140	0 (a)	0	0	0	0	0	32	9,292,140
21. Issued during year	1	25,000							1	25,000
22. Other changes to in force (Net)	(2)	(699,447)			0	0			(2)	(699,447)
23. In force December 31 of current year	31	8,617,693	0 (a)	0	0	0	0	0	31	8,617,693

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	0	0		(79)	(91)
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	242,785	237,096		48,214	52,099
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	5,845	5,580		0	1,285
25.5 All other (b)	46,634	45,243		20,841	22,164
25.6 Totals (sum of Lines 25.1 to 25.5)	295,263	287,919	0	69,054	75,547
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	295,263	287,919	0	68,976	75,456

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons
insured under indemnity only products 186 .



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Arizona
NAIC Group Code 0707

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	497,369		83,667		581,036
2. Annuity considerations	48,912				48,912
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	546,280	0	83,667	0	629,947
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,274				1,274
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,274	0	0	0	1,274
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	1,274	0	0	0	1,274
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,428,098		0		1,428,098
10. Matured endowments					0
11. Annuity benefits	466,003				466,003
12. Surrender values and withdrawals for life contracts	761,305				761,305
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	2,655,405	0	0	0	2,655,405
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	3	520	0	0	0	0	0	0	3	520
17. Incurred during current year Settled during current year:	1	1,427,578	0	0	0	0			1	1,427,578
18.1 By payment in full	4	1,428,098				0			4	1,428,098
18.2 By payment on compromised claims									0	0
18.3 Totals paid	4	1,428,098	0	0	0	0	0	0	4	1,428,098
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	4	1,428,098	0	0	0	0	0	0	4	1,428,098
19. Unpaid Dec. 31, current year (16+17-18.6)	0	1	0	0	0	0	0	0	0	1
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	599	98,868,235	0 (a)	0	0	40,125,000	0	0	599	138,993,235
21. Issued during year	188	8,565,000							188	8,565,000
22. Other changes to in force (Net)	(190)	(19,706,525)			0	(6,277,000)			(190)	(25,983,525)
23. In force December 31 of current year	597	87,726,710	0 (a)	0	0	33,848,000	0	0	597	121,574,710

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	79,643,092	79,544,517		61,943,388	61,068,314
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	4,737,081	4,599,712		1,500,843	1,868,806
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	320,672	318,278		15,735	94,041
25.5 All other (b)	3,449,280	3,449,232		1,412,406	1,514,923
25.6 Totals (sum of Lines 25.1 to 25.5)	8,507,034	8,367,223	0	2,928,984	3,477,770
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	88,150,126	87,911,740	0	64,872,372	64,546,084

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products26,354 and number of persons
insured under indemnity only products3,228 .



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Arkansas
NAIC Group Code 0707

DURING THE YEAR 2018
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	348,232		22,954		371,186
2. Annuity considerations	36,646				36,646
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	384,878	0	22,954	0	407,832
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	230,851		0		230,851
10. Matured endowments					0
11. Annuity benefits	222,839				222,839
12. Surrender values and withdrawals for life contracts	245,393				245,393
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	699,083	0	0	0	699,083
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	2	59,969	0	0	0	0	0	0	2	59,969
17. Incurred during current year Settled during current year:	1	170,881	0	0	0	0			1	170,881
18.1 By payment in full	3	230,851				0			3	230,851
18.2 By payment on compromised claims									0	0
18.3 Totals paid	3	230,851	0	0	0	0	0	0	3	230,851
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	3	230,851	0	0	0	0	0	0	3	230,851
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	437	70,657,518	0 (a)	0	11	8,469,000	0	0	448	79,126,518
21. Issued during year	53	2,375,000							53	2,375,000
22. Other changes to in force (Net)	(85)	(8,654,305)			0	(763,000)			(85)	(9,417,305)
23. In force December 31 of current year	405	64,378,213	0 (a)	0	11	7,706,000	0	0	416	72,084,213

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	13,296,847	13,309,760		9,093,223	8,474,611
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	973,268	947,088		407,638	290,474
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	48,774	47,386		3,208	15,757
25.5 All other (b)	554,234	551,813		195,572	274,249
25.6 Totals (sum of Lines 25.1 to 25.5)	1,576,276	1,546,287	0	606,418	580,481
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	14,873,122	14,856,046	0	9,699,641	9,055,092

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 4,556 and number of persons
insured under indemnity only products 807 .



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF California
NAIC Group Code 0707

DURING THE YEAR 2018
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,054,700		0		1,054,700
2. Annuity considerations	148,342				148,342
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,203,042	0	0	0	1,203,042
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,089				1,089
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	234				234
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,323	0	0	0	1,323
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	1,323	0	0	0	1,323
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	3,174,091		0		3,174,091
10. Matured endowments					0
11. Annuity benefits	1,841,186				1,841,186
12. Surrender values and withdrawals for life contracts	1,399,706				1,399,706
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	6,414,983	0	0	0	6,414,983
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	10	358,826	0	0	0	0	0	0	10	358,826
17. Incurred during current year Settled during current year:	9	3,159,966	0	0	0	0			9	3,159,966
18.1 By payment in full	15	3,174,091				0			15	3,174,091
18.2 By payment on compromised claims									0	0
18.3 Totals paid	15	3,174,091	0	0	0	0	0	0	15	3,174,091
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	15	3,174,091	0	0	0	0	0	0	15	3,174,091
19. Unpaid Dec. 31, current year (16+17-18.6)	4	344,701	0	0	0	0	0	0	4	344,701
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	801	172,145,951	0 (a)	0	0	0	0	0	801	172,145,951
21. Issued during year	2	125,000							2	125,000
22. Other changes to in force (Net)	(79)	(23,631,822)			0	0			(79)	(23,631,822)
23. In force December 31 of current year	724	148,639,129	0 (a)	0	0	0	0	0	724	148,639,129

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	1,853	1,958		726	(1,468)
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	60,760	54,676		45,448	46,910
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	1,389	1,362		0	0
25.5 All other (b)	3,032,646	2,986,820		1,125,252	1,155,878
25.6 Totals (sum of Lines 25.1 to 25.5)	3,094,795	3,042,858	0	1,170,700	1,202,788
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,096,648	3,044,815	0	1,171,426	1,201,320

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 3 and number of persons
insured under indemnity only products 40 .



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Colorado
NAIC Group Code 0707

DURING THE YEAR 2018
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	558,371		4,803		563,173
2. Annuity considerations	12,454				12,454
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	570,825	0	4,803	0	575,628
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	487				487
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	487	0	0	0	487
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	487	0	0	0	487
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,641,584		0		1,641,584
10. Matured endowments					0
11. Annuity benefits	313,618				313,618
12. Surrender values and withdrawals for life contracts	860,835				860,835
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	2,816,038	0	0	0	2,816,038
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	1	106,672	0	0	0	0	0	0	1	106,672
17. Incurred during current year Settled during current year:	3	1,707,560	0	0	0	0			3	1,707,560
18.1 By payment in full	3	1,641,584				0			3	1,641,584
18.2 By payment on compromised claims									0	0
18.3 Totals paid	3	1,641,584	0	0	0	0	0	0	3	1,641,584
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	3	1,641,584	0	0	0	0	0	0	3	1,641,584
19. Unpaid Dec. 31, current year (16+17-18.6)	1	172,647	0	0	0	0	0	0	1	172,647
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	652	111,435,401	0 (a)	0	0	1,276,000	0	0	652	112,711,401
21. Issued during year									0	0
22. Other changes to in force (Net)	(41)	(8,169,389)			0	(274,000)			(41)	(8,443,389)
23. In force December 31 of current year	611	103,266,012	0 (a)	0	0	1,002,000	0	0	611	104,268,012

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	15,690,866	15,749,531		13,766,271	13,016,348
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	6,239,855	4,955,387		3,001,096	2,042,353
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	180,380	174,127		3,056	40,737
25.5 All other (b)	6,047,269	6,098,384		4,091,099	4,054,590
25.6 Totals (sum of Lines 25.1 to 25.5)	12,467,504	11,227,898	0	7,095,251	6,137,680
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	28,158,370	26,977,429	0	20,861,523	19,154,028

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 4,406 and number of persons insured under indemnity only products 3,830 .



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Connecticut
NAIC Group Code 0707

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	566,017		17		566,035
2. Annuity considerations	49,004				49,004
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	615,021	0	17	0	615,038
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,587,804		0		1,587,804
10. Matured endowments					0
11. Annuity benefits	523,919				523,919
12. Surrender values and withdrawals for life contracts	1,268,656				1,268,656
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	3,380,379	0	0	0	3,380,379
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	1	395	0	0	0	0	0	0	1	395
17. Incurred during current year Settled during current year:	7	1,791,458	0	0	0	0			7	1,791,458
18.1 By payment in full	7	1,587,804				0			7	1,587,804
18.2 By payment on compromised claims									0	0
18.3 Totals paid	7	1,587,804	0	0	0	0	0	0	7	1,587,804
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	7	1,587,804	0	0	0	0	0	0	7	1,587,804
19. Unpaid Dec. 31, current year (16+17-18.6)	1	204,049	0	0	0	0	0	0	1	204,049
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	836	151,418,870	0 (a)	0	0	0	0	0	836	151,418,870
21. Issued during year	81	3,585,000							81	3,585,000
22. Other changes to in force (Net)	(146)	(17,733,541)			0	0			(146)	(17,733,541)
23. In force December 31 of current year	771	137,270,328	0 (a)	0	0	0	0	0	771	137,270,328

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	1,761	2,803		15,928	(610)
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					2,643
25.2 Guaranteed renewable (b)	40,616	46,344		629,049	(420,558)
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	200,758	201,965		19,152	63,311
25.5 All other (b)	4,276,612	4,483,080		2,926,134	1,976,542
25.6 Totals (sum of Lines 25.1 to 25.5)	4,517,986	4,731,389	0	3,574,335	1,621,938
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,519,747	4,734,192	0	3,590,263	1,621,328

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 29 and number of persons insured under indemnity only products 20 .



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Delaware
NAIC Group Code 0707

DURING THE YEAR 2018
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	120,801		0		120,801
2. Annuity considerations	3,876				3,876
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	124,677	0	0	0	124,677
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	168,850		0		168,850
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	86,085				86,085
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	254,934	0	0	0	254,934
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:	2	168,850	0	0	0	0			2	168,850
18.1 By payment in full	2	168,850				0			2	168,850
18.2 By payment on compromised claims									0	0
18.3 Totals paid	2	168,850	0	0	0	0	0	0	2	168,850
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	2	168,850	0	0	0	0	0	0	2	168,850
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	121	19,443,369	0 (a)	0	0	0	0	0	121	19,443,369
21. Issued during year	20	810,000							20	810,000
22. Other changes to in force (Net)	(19)	(1,540,964)			0	0			(19)	(1,540,964)
23. In force December 31 of current year	122	18,712,405	0 (a)	0	0	0	0	0	122	18,712,405

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	2,778	2,993		2,192	(5,148)
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	312,034	260,112		102,767	93,931
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	28,656	28,179		308	5,941
25.5 All other (b)	673,458	675,583		326,908	402,814
25.6 Totals (sum of Lines 25.1 to 25.5)	1,014,149	963,875	0	429,982	502,686
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,016,927	966,868	0	432,174	497,538

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 174 and number of persons
insured under indemnity only products 386 .



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF District of Columbia
NAIC Group Code 0707

DURING THE YEAR 2018
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	44,570		0		44,570
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	44,570	0	0	0	44,570
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	51,447		0		51,447
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	18,609				18,609
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	70,055	0	0	0	70,055
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:	0	51,447	0	0	0	0			0	51,447
18.1 By payment in full	0	51,447				0			0	51,447
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	51,447	0	0	0	0	0	0	0	51,447
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	51,447	0	0	0	0	0	0	0	51,447
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	18	3,563,059	0 (a)	0	0	0	0	0	18	3,563,059
21. Issued during year	26	1,800,000							26	1,800,000
22. Other changes to in force (Net)	(10)	(724,837)			0	0			(10)	(724,837)
23. In force December 31 of current year	34	4,638,222	0 (a)	0	0	0	0	0	34	4,638,222

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	2,734	2,734		(402)	(191)
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	6,154	6,065		1,570	1,770
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	11,178	10,757		0	2,214
25.5 All other (b)	145,664	145,349		77,794	69,203
25.6 Totals (sum of Lines 25.1 to 25.5)	162,996	162,171	0	79,364	73,186
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	165,730	164,905	0	78,962	72,996

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons
insured under indemnity only products 5 .



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Florida
NAIC Group Code 0707

DURING THE YEAR 2018
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,859,703		198,720		2,058,423
2. Annuity considerations	155,855				155,855
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	2,015,558	0	198,720	0	2,214,277
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	261				261
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	261	0	0	0	261
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	261	0	0	0	261
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	5,476,104		0		5,476,104
10. Matured endowments					0
11. Annuity benefits	1,519,442				1,519,442
12. Surrender values and withdrawals for life contracts	2,511,029				2,511,029
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	9,506,576	0	0	0	9,506,576
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	8	1,079,729	0	0	0	0	0	0	8	1,079,729
17. Incurred during current year	12	4,977,434	0	0	0	0			12	4,977,434
Settled during current year:										
18.1 By payment in full	16	5,476,104				0			16	5,476,104
18.2 By payment on compromised claims									0	0
18.3 Totals paid	16	5,476,104	0	0	0	0	0	0	16	5,476,104
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	16	5,476,104	0	0	0	0	0	0	16	5,476,104
19. Unpaid Dec. 31, current year (16+17-18.6)	4	581,059	0	0	0	0	0	0	4	581,059
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	2,505	352,634,088	0 (a)	0	0	86,890,000	0	0	2,505	439,524,088
21. Issued during year	879	38,915,000							879	38,915,000
22. Other changes to in force (Net)	(792)	(50,677,625)			0	(6,884,000)			(792)	(57,561,625)
23. In force December 31 of current year	2,592	340,871,463	0 (a)	0	0	80,006,000	0	0	2,592	420,877,463

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	194,706,280	192,002,978		140,521,620	138,051,996
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					2,381
25.2 Guaranteed renewable (b)	19,640,621	19,364,026		7,722,094	8,607,553
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	1,218,703	1,200,282		128,348	441,272
25.5 All other (b)	13,120,836	13,082,697		6,833,973	6,440,840
25.6 Totals (sum of Lines 25.1 to 25.5)	33,980,160	33,647,005	0	14,684,415	15,492,046
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	228,686,441	225,649,983	0	155,206,035	153,544,042

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products56,223 and number of persons
insured under indemnity only products12,888 .



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ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Georgia
NAIC Group Code 0707

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	776,274		3,801		780,074
2. Annuity considerations	18,121				18,121
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	794,395	0	3,801	0	798,196
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	685				685
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	685	0	0	0	685
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	685	0	0	0	685
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,200,147		0		1,200,147
10. Matured endowments					0
11. Annuity benefits	401,487				401,487
12. Surrender values and withdrawals for life contracts	1,098,537				1,098,537
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	2,700,171	0	0	0	2,700,171
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	1	180,051	0	0	0	0	0	0	1	180,051
17. Incurred during current year Settled during current year:	6	1,057,684	0	0	0	0			6	1,057,684
18.1 By payment in full	6	1,200,147				0			6	1,200,147
18.2 By payment on compromised claims									0	0
18.3 Totals paid	6	1,200,147	0	0	0	0	0	0	6	1,200,147
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	6	1,200,147	0	0	0	0	0	0	6	1,200,147
19. Unpaid Dec. 31, current year (16+17-18.6)	1	37,588	0	0	0	0	0	0	1	37,588
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	982	126,783,288	0 (a)	0	0	1,889,000	0	0	982	128,672,288
21. Issued during year	528	24,160,000							528	24,160,000
22. Other changes to in force (Net)	(486)	(32,942,505)			0	(420,000)			(486)	(33,362,505)
23. In force December 31 of current year	1,024	118,000,783	0 (a)	0	0	1,469,000	0	0	1,024	119,469,783

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	3,236,942	3,255,168		2,630,975	2,630,684
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	4,884,318	4,684,068		1,333,118	6,501,158
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	794,699	765,975		315,584	470,588
25.5 All other (b)	33,598,735	32,511,680		20,588,730	19,292,405
25.6 Totals (sum of Lines 25.1 to 25.5)	39,277,753	37,961,724	0	22,237,432	26,264,151
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	42,514,695	41,216,892	0	24,868,407	28,894,835

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 11,196 and number of persons
insured under indemnity only products 4,489 .



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ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Hawaii

DURING THE YEAR 2018

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	114,783		0		114,783
2. Annuity considerations	6,304				6,304
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	121,088	0	0	0	121,088
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	511,153		0		511,153
10. Matured endowments					0
11. Annuity benefits	993,688				993,688
12. Surrender values and withdrawals for life contracts	1,442,414				1,442,414
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	2,947,256	0	0	0	2,947,256
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:	8	722,932	0	0	0	0			8	722,932
18.1 By payment in full	6	511,153				0			6	511,153
18.2 By payment on compromised claims									0	0
18.3 Totals paid	6	511,153	0	0	0	0	0	0	6	511,153
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	6	511,153	0	0	0	0	0	0	6	511,153
19. Unpaid Dec. 31, current year (16+17-18.6)	2	211,779	0	0	0	0	0	0	2	211,779
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	127	17,164,915	0 (a)	0	0	0	0	0	127	17,164,915
21. Issued during year									0	0
22. Other changes to in force (Net)	(14)	(1,702,451)			0	0			(14)	(1,702,451)
23. In force December 31 of current year	113	15,462,464	0 (a)	0	0	0	0	0	113	15,462,464

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	(22)	(22)		0	(3)
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	166,016	162,150		26,211	29,581
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	2,933	2,699		5,049	5,348
25.5 All other (b)	77,139	74,769		25,280	26,662
25.6 Totals (sum of Lines 25.1 to 25.5)	246,088	239,618	0	56,540	61,592
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	246,067	239,597	0	56,540	61,589

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons
insured under indemnity only products 131 .



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Idaho
NAIC Group Code 0707

DURING THE YEAR 2018
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	36,320		0		36,320
2. Annuity considerations	13,017				13,017
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	49,337	0	0	0	49,337
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	49,453		0		49,453
10. Matured endowments					0
11. Annuity benefits	32,088				32,088
12. Surrender values and withdrawals for life contracts	126,600				126,600
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	208,141	0	0	0	208,141
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:	1	98,924	0	0	0	0			1	98,924
18.1 By payment in full	0	49,453				0			0	49,453
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	49,453	0	0	0	0	0	0	0	49,453
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	49,453	0	0	0	0	0	0	0	49,453
19. Unpaid Dec. 31, current year (16+17-18.6)	1	49,471	0	0	0	0	0	0	1	49,471
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	60	8,769,916	0 (a)	0	0	0	0	0	60	8,769,916
21. Issued during year									0	0
22. Other changes to in force (Net)	(4)	(1,236,975)			0	0			(4)	(1,236,975)
23. In force December 31 of current year	56	7,532,941	0 (a)	0	0	0	0	0	56	7,532,941

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	990	1,043		3,372	3,484
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	246,582	232,803		104,076	144,652
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	16	4		0	0
25.5 All other (b)	78,272	77,108		39,065	39,277
25.6 Totals (sum of Lines 25.1 to 25.5)	324,871	309,914	0	143,141	183,929
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	325,861	310,958	0	146,513	187,413

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 2 and number of persons
insured under indemnity only products 301 .



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Illinois
NAIC Group Code 0707

DURING THE YEAR 2018
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	2,209,660		60,385		2,270,045
2. Annuity considerations	201,833				201,833
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	2,411,493	0	60,385	0	2,471,877
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	69,439				69,439
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	1,778				1,778
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	71,217	0	0	0	71,217
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	71,217	0	0	0	71,217
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	6,639,389		0		6,639,389
10. Matured endowments					0
11. Annuity benefits	1,736,274				1,736,274
12. Surrender values and withdrawals for life contracts	3,354,516				3,354,516
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	11,730,179	0	0	0	11,730,179
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	30	981,556	0	0	0	0	0	0	30	981,556
17. Incurred during current year	58	6,091,452	0	0	0	0			58	6,091,452
Settled during current year:										
18.1 By payment in full	79	6,639,389				0			79	6,639,389
18.2 By payment on compromised claims									0	0
18.3 Totals paid	79	6,639,389	0	0	0	0	0	0	79	6,639,389
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	79	6,639,389	0	0	0	0	0	0	79	6,639,389
19. Unpaid Dec. 31, current year (16+17-18.6)	9	433,618	0	0	0	0	0	0	9	433,618
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	4,157	426,188,446	0 (a)	0	100	20,664,500	0	0	4,257	446,852,946
21. Issued during year	319	14,790,000							319	14,790,000
22. Other changes to in force (Net)	(529)	(45,062,819)			(5)	(1,691,500)			(534)	(46,754,319)
23. In force December 31 of current year	3,947	395,915,627	0 (a)	0	95	18,973,000	0	0	4,042	414,888,627

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	54,562,291	52,759,804		38,605,716	36,175,292
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)	437	434		758	758
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	10,138,636	10,085,648		3,476,169	3,775,281
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	489,877	480,078		51,378	185,648
25.5 All other (b)	5,025,654	4,999,793		2,252,842	2,260,901
25.6 Totals (sum of Lines 25.1 to 25.5)	15,654,167	15,565,518	0	5,780,389	6,221,830
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	70,216,895	68,325,756	0	44,386,864	42,397,880

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 20,253 and number of persons insured under indemnity only products 5,581 .



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ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Indiana
NAIC Group Code 0707

DURING THE YEAR 2018
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	951,471		51,216		1,002,688
2. Annuity considerations	121,478				121,478
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,072,949	0	51,216	0	1,124,165
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	2,328				2,328
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	1,972				1,972
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	4,300	0	0	0	4,300
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	4,300	0	0	0	4,300
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	3,908,159		0		3,908,159
10. Matured endowments					0
11. Annuity benefits	2,031,947				2,031,947
12. Surrender values and withdrawals for life contracts	947,792				947,792
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	6,887,898	0	0	0	6,887,898
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	11	448,797	0	0	0	0	0	0	11	448,797
17. Incurred during current year	17	3,938,062	0	0	0	0			17	3,938,062
Settled during current year:										
18.1 By payment in full	23	3,908,159				0			23	3,908,159
18.2 By payment on compromised claims									0	0
18.3 Totals paid	23	3,908,159	0	0	0	0	0	0	23	3,908,159
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	23	3,908,159	0	0	0	0	0	0	23	3,908,159
19. Unpaid Dec. 31, current year (16+17-18.6)	5	478,700	0	0	0	0	0	0	5	478,700
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,440	195,791,856	0 (a)	0	0	24,232,000	0	0	1,440	220,023,856
21. Issued during year	98	4,105,000							98	4,105,000
22. Other changes to in force (Net)	(191)	(22,660,268)			0	(5,368,000)			(191)	(28,028,268)
23. In force December 31 of current year	1,347	177,236,588	0 (a)	0	0	18,864,000	0	0	1,347	196,100,588

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	46,264,659	46,097,594		31,836,715	32,612,418
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					3,130
25.2 Guaranteed renewable (b)	1,436,549	1,370,914		738,468	1,019,621
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	179,791	177,994		16,729	(870,922)
25.5 All other (b)	3,026,928	3,026,940		989,438	1,037,210
25.6 Totals (sum of Lines 25.1 to 25.5)	4,643,268	4,575,848	0	1,744,636	1,189,039
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	50,907,927	50,673,442	0	33,581,351	33,801,456

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 13,681 and number of persons insured under indemnity only products 1,393 .



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ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Iowa
NAIC Group Code 0707

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	502,701		12,350		515,051
2. Annuity considerations	30,372				30,372
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	533,073	0	12,350	0	545,423
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,114,471		0		1,114,471
10. Matured endowments					0
11. Annuity benefits	760,093				760,093
12. Surrender values and withdrawals for life contracts	786,472				786,472
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	2,661,035	0	0	0	2,661,035
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	5	321,259	0	0	0	0	0	0	5	321,259
17. Incurred during current year Settled during current year:	6	836,092	0	0	0	0			6	836,092
18.1 By payment in full	9	1,114,471				0			9	1,114,471
18.2 By payment on compromised claims									0	0
18.3 Totals paid	9	1,114,471	0	0	0	0	0	0	9	1,114,471
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	9	1,114,471	0	0	0	0	0	0	9	1,114,471
19. Unpaid Dec. 31, current year (16+17-18.6)	2	42,881	0	0	0	0	0	0	2	42,881
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	795	105,557,842	0 (a)	0	0	5,781,000	0	0	795	111,338,842
21. Issued during year	47	1,665,000							47	1,665,000
22. Other changes to in force (Net)	(88)	(9,761,793)			0	(916,000)			(88)	(10,677,793)
23. In force December 31 of current year	754	97,461,050	0 (a)	0	0	4,865,000	0	0	754	102,326,050

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	13,414,462	13,397,336		9,122,485	8,529,509
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,018,403	1,002,580		300,607	411,874
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	71,616	70,409		13,210	32,998
25.5 All other (b)	642,890	641,133		256,031	261,467
25.6 Totals (sum of Lines 25.1 to 25.5)	1,732,908	1,714,122	0	569,849	706,339
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	15,147,370	15,111,458	0	9,692,334	9,235,848

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 5,026 and number of persons
insured under indemnity only products 683 .



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Kansas
NAIC Group Code 0707

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	140,142		968		141,110
2. Annuity considerations	11,578				11,578
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	151,720	0	968	0	152,688
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	221,892		0		221,892
10. Matured endowments					0
11. Annuity benefits	320,371				320,371
12. Surrender values and withdrawals for life contracts	229,348				229,348
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	771,611	0	0	0	771,611
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	1	0	0	0	0	0	0	0	1
17. Incurred during current year Settled during current year:	1	221,892	0	0	0	0			1	221,892
18.1 By payment in full	1	221,892				0			1	221,892
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	221,892	0	0	0	0	0	0	1	221,892
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	221,892	0	0	0	0	0	0	1	221,892
19. Unpaid Dec. 31, current year (16+17-18.6)	0	1	0	0	0	0	0	0	0	1
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	234	28,700,551	0 (a)	0	0	340,000	0	0	234	29,040,551
21. Issued during year	47	1,885,000							47	1,885,000
22. Other changes to in force (Net)	(56)	(4,478,470)			0	150,000			(56)	(4,328,470)
23. In force December 31 of current year	225	26,107,081	0 (a)	0	0	490,000	0	0	225	26,597,081

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	492,355	499,973		356,275	303,905
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	49,992	49,859		24,629	15,943
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	128,818	127,198		10,782	34,982
25.5 All other (b)	7,360,567	7,348,394		4,417,416	4,297,404
25.6 Totals (sum of Lines 25.1 to 25.5)	7,539,377	7,525,451	0	4,452,826	4,348,329
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	8,031,732	8,025,424	0	4,809,101	4,652,234

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 2,885 and number of persons
insured under indemnity only products 25 .



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ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Kentucky
NAIC Group Code 0707

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	686,982		0		686,982
2. Annuity considerations	3,641				3,641
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	690,623	0	0	0	690,623
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	765				765
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	765	0	0	0	765
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	765	0	0	0	765
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	851,576		0		851,576
10. Matured endowments					0
11. Annuity benefits	316,598				316,598
12. Surrender values and withdrawals for life contracts	882,541				882,541
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	2,050,715	0	0	0	2,050,715
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:	11	917,032	0	0	0	0			11	917,032
18.1 By payment in full	10	851,576				0			10	851,576
18.2 By payment on compromised claims									0	0
18.3 Totals paid	10	851,576	0	0	0	0	0	0	10	851,576
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	10	851,576	0	0	0	0	0	0	10	851,576
19. Unpaid Dec. 31, current year (16+17-18.6)	1	65,456	0	0	0	0	0	0	1	65,456
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	605	81,179,021	0 (a)	0	0	0	0	0	605	81,179,021
21. Issued during year	79	3,290,000							79	3,290,000
22. Other changes to in force (Net)	(98)	(8,301,832)			0	0			(98)	(8,301,832)
23. In force December 31 of current year	586	76,167,189	0 (a)	0	0	0	0	0	586	76,167,189

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	711	(154,124)		(50)	(3,252)
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,503,554	1,302,451		772,029	516,227
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	85,338	83,914		4,671	23,320
25.5 All other (b)	2,378,940	2,336,507		1,297,068	1,382,797
25.6 Totals (sum of Lines 25.1 to 25.5)	3,967,832	3,722,872	0	2,073,768	1,922,345
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,968,543	3,568,748	0	2,073,718	1,919,092

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 1,434 and number of persons insured under indemnity only products 953 .



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ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Louisiana
NAIC Group Code 0707

DURING THE YEAR 2018
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	369,358		0		369,358
2. Annuity considerations	31,385				31,385
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	400,743	0	0	0	400,743
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	231				231
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	231	0	0	0	231
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	231	0	0	0	231
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,031,711		0		1,031,711
10. Matured endowments					0
11. Annuity benefits	121,923				121,923
12. Surrender values and withdrawals for life contracts	370,216				370,216
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	1,523,851	0	0	0	1,523,851
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	4	83,448	0	0	0	0	0	0	4	83,448
17. Incurred during current year Settled during current year:	3	1,372,645	0	0	0	0			3	1,372,645
18.1 By payment in full	4	1,031,711				0			4	1,031,711
18.2 By payment on compromised claims									0	0
18.3 Totals paid	4	1,031,711	0	0	0	0	0	0	4	1,031,711
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	4	1,031,711	0	0	0	0	0	0	4	1,031,711
19. Unpaid Dec. 31, current year (16+17-18.6)	3	424,382	0	0	0	0	0	0	3	424,382
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	634	96,838,016	0 (a)	0	0	0	0	0	634	96,838,016
21. Issued during year	129	6,105,000							129	6,105,000
22. Other changes to in force (Net)	(156)	(14,355,868)			0	0			(156)	(14,355,868)
23. In force December 31 of current year	607	88,587,148	0 (a)	0	0	0	0	0	607	88,587,148

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	375,211	372,664		284,603	296,510
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	2,781,377	2,739,266		1,116,133	548,520
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	150,494	149,524		14,080	54,312
25.5 All other (b)	7,278,205	7,227,175		3,057,653	3,214,553
25.6 Totals (sum of Lines 25.1 to 25.5)	10,210,076	10,115,964	0	4,187,866	3,817,385
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	10,585,286	10,488,629	0	4,472,469	4,113,895

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 2,319 and number of persons
insured under indemnity only products 1,937



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Maine
NAIC Group Code 0707

DURING THE YEAR 2018
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	132,000		0		132,000
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	132,000	0	0	0	132,000
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	530,208		0		530,208
10. Matured endowments					0
11. Annuity benefits	248,955				248,955
12. Surrender values and withdrawals for life contracts	72,944				72,944
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	852,107	0	0	0	852,107
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	1	119,511	0	0	0	0	0	0	1	119,511
17. Incurred during current year Settled during current year:	2	410,697	0	0	0	0			2	410,697
18.1 By payment in full	3	530,208				0			3	530,208
18.2 By payment on compromised claims									0	0
18.3 Totals paid	3	530,208	0	0	0	0	0	0	3	530,208
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	3	530,208	0	0	0	0	0	0	3	530,208
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	162	27,989,242	0 (a)	0	0	0	0	0	162	27,989,242
21. Issued during year									0	0
22. Other changes to in force (Net)	(13)	(2,087,260)			0	0			(13)	(2,087,260)
23. In force December 31 of current year	149	25,901,982	0 (a)	0	0	0	0	0	149	25,901,982

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	(887)	(887)		0	(35)
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	975,364	912,485		176,098	266,523
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	6,489	5,042		0	0
25.5 All other (b)	150,344	146,465		35,805	38,739
25.6 Totals (sum of Lines 25.1 to 25.5)	1,132,196	1,063,992	0	211,903	305,262
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,131,310	1,063,105	0	211,903	305,227

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 1 and number of persons
insured under indemnity only products 1,148



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Maryland
NAIC Group Code 0707

DURING THE YEAR 2018
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	636,343		14,024		650,367
2. Annuity considerations	29,831				29,831
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	666,174	0	14,024	0	680,198
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	2,383,013		0		2,383,013
10. Matured endowments					0
11. Annuity benefits	776,414				776,414
12. Surrender values and withdrawals for life contracts	1,551,444				1,551,444
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	4,710,871	0	0	0	4,710,871
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	1	32,915	0	0	0	0	0	0	1	32,915
17. Incurred during current year Settled during current year:	14	2,661,736	0	0	0	0			14	2,661,736
18.1 By payment in full	10	2,383,013				0			10	2,383,013
18.2 By payment on compromised claims									0	0
18.3 Totals paid	10	2,383,013	0	0	0	0	0	0	10	2,383,013
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	10	2,383,013	0	0	0	0	0	0	10	2,383,013
19. Unpaid Dec. 31, current year (16+17-18.6)	5	311,638	0	0	0	0	0	0	5	311,638
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	722	131,703,309	0 (a)	0	0	4,882,000	0	0	722	136,585,309
21. Issued during year	204	9,675,000							204	9,675,000
22. Other changes to in force (Net)	(168)	(23,381,736)			0	(114,000)			(168)	(23,495,736)
23. In force December 31 of current year	758	117,996,573	0 (a)	0	0	4,768,000	0	0	758	122,764,573

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	10,875,808	10,939,623		7,601,291	7,319,444
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	7,500,410	7,264,450		2,401,909	3,168,114
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	217,989	211,785		13,076	66,157
25.5 All other (b)	2,652,871	2,627,897		1,106,811	1,099,997
25.6 Totals (sum of Lines 25.1 to 25.5)	10,371,269	10,104,131	0	3,521,796	4,334,268
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	21,247,077	21,043,754	0	11,123,087	11,653,711

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 2,805 and number of persons
insured under indemnity only products 5,876 .



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Massachusetts
NAIC Group Code 0707

DURING THE YEAR 2018
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	147,361		0		147,361
2. Annuity considerations	40,421				40,421
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	187,783	0	0	0	187,783
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	770,536		2,027		772,564
10. Matured endowments					0
11. Annuity benefits	259,990				259,990
12. Surrender values and withdrawals for life contracts	470,673				470,673
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	1,501,199	0	2,027	0	1,503,226
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	1	718	0	0	0	0	0	0	1	718
17. Incurred during current year Settled during current year:	3	901,923	0	0	1	2,027			4	903,950
18.1 By payment in full	3	770,536			1	2,027			4	772,564
18.2 By payment on compromised claims									0	0
18.3 Totals paid	3	770,536	0	0	1	2,027	0	0	4	772,564
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	3	770,536	0	0	1	2,027	0	0	4	772,564
19. Unpaid Dec. 31, current year (16+17-18.6)	1	132,104	0	0	0	0	0	0	1	132,104
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	221	57,924,916	0 (a)	0	0	0	0	0	221	57,924,916
21. Issued during year	1	100,000							1	100,000
22. Other changes to in force (Net)	(35)	(9,336,396)			0	0			(35)	(9,336,396)
23. In force December 31 of current year	187	48,688,520	0 (a)	0	0	0	0	0	187	48,688,520

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	1,733	1,706		28,662	28,643
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	9,641	9,078		8,115	8,164
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	127	113		0	0
25.5 All other (b)	18,258	18,228		7,258	6,931
25.6 Totals (sum of Lines 25.1 to 25.5)	28,026	27,419	0	15,374	15,095
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	29,759	29,125	0	44,036	43,738

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 2 and number of persons insured under indemnity only products 8 .



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Michigan
NAIC Group Code 0707

DURING THE YEAR 2018
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,243,368		90,643		1,334,010
2. Annuity considerations	102,545				102,545
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,345,913	0	90,643	0	1,436,555
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	207				207
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	207	0	0	0	207
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	207	0	0	0	207
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	3,932,004		0		3,932,004
10. Matured endowments					0
11. Annuity benefits	707,537				707,537
12. Surrender values and withdrawals for life contracts	2,948,114				2,948,114
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	7,587,655	0	0	0	7,587,655
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	11	531,503	0	0	0	0	0	0	11	531,503
17. Incurred during current year Settled during current year:	7	4,169,808	0	0	0	0			7	4,169,808
18.1 By payment in full	11	3,932,004				0			11	3,932,004
18.2 By payment on compromised claims									0	0
18.3 Totals paid	11	3,932,004	0	0	0	0	0	0	11	3,932,004
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	11	3,932,004	0	0	0	0	0	0	11	3,932,004
19. Unpaid Dec. 31, current year (16+17-18.6)	7	769,308	0	0	0	0	0	0	7	769,308
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,771	260,051,366	0 (a)	0	0	34,846,000	0	0	1,771	294,897,366
21. Issued during year	140	4,685,000							140	4,685,000
22. Other changes to in force (Net)	(251)	(30,319,165)			0	(5,761,000)			(251)	(36,080,165)
23. In force December 31 of current year	1,660	234,417,201	0 (a)	0	0	29,085,000	0	0	1,660	263,502,201

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	62,367,656	63,439,389		50,431,481	49,746,172
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	4,019,387	3,950,820		1,746,754	2,979,181
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	167,803	165,746		17,103	59,249
25.5 All other (b)	2,703,179	2,703,379		1,249,399	1,254,439
25.6 Totals (sum of Lines 25.1 to 25.5)	6,890,369	6,819,945	0	3,013,256	4,292,869
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	69,258,025	70,259,334	0	53,444,737	54,039,041

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 20,648 and number of persons insured under indemnity only products 2,869 .



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Minnesota
NAIC Group Code 0707

DURING THE YEAR 2018
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	410,868		0		410,868
2. Annuity considerations	52,572				52,572
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	463,440	0	0	0	463,440
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	2,114,124		0		2,114,124
10. Matured endowments					0
11. Annuity benefits	366,721				366,721
12. Surrender values and withdrawals for life contracts	383,047				383,047
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	2,863,892	0	0	0	2,863,892
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	5	187,834	0	0	0	0	0	0	5	187,834
17. Incurred during current year Settled during current year:	11	2,248,473	0	0	0	0			11	2,248,473
18.1 By payment in full	12	2,114,124				0			12	2,114,124
18.2 By payment on compromised claims									0	0
18.3 Totals paid	12	2,114,124	0	0	0	0	0	0	12	2,114,124
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	12	2,114,124	0	0	0	0	0	0	12	2,114,124
19. Unpaid Dec. 31, current year (16+17-18.6)	4	322,183	0	0	0	0	0	0	4	322,183
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	752	135,172,591	0 (a)	0	0	0	0	0	752	135,172,591
21. Issued during year	49	1,845,000							49	1,845,000
22. Other changes to in force (Net)	(95)	(19,905,789)			0	0			(95)	(19,905,789)
23. In force December 31 of current year	706	117,111,802	0 (a)	0	0	0	0	0	706	117,111,802

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	197	197		(18)	(124)
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,039,822	981,400		272,051	400,505
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	64,154	60,308		308	7,600
25.5 All other (b)	314,666	304,400		150,549	157,490
25.6 Totals (sum of Lines 25.1 to 25.5)	1,418,643	1,346,108	0	422,908	565,595
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,418,839	1,346,304	0	422,890	565,471

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 1 and number of persons insured under indemnity only products 1,381 .



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Mississippi
NAIC Group Code 0707

DURING THE YEAR 2018
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	192,038		27,371		219,408
2. Annuity considerations	22,193				22,193
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	214,231	0	27,371	0	241,602
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	162,817		50,000		212,817
10. Matured endowments					0
11. Annuity benefits	193,718				193,718
12. Surrender values and withdrawals for life contracts	112,297				112,297
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	468,832	0	50,000	0	518,832
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	1	50,000	0	0	1	50,000
17. Incurred during current year Settled during current year:	1	262,817	0	0	0	0			1	262,817
18.1 By payment in full	0	162,817			1	50,000			1	212,817
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	162,817	0	0	1	50,000	0	0	1	212,817
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	162,817	0	0	1	50,000	0	0	1	212,817
19. Unpaid Dec. 31, current year (16+17-18.6)	1	100,000	0	0	0	0	0	0	1	100,000
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	322	45,564,164	0 (a)	0	0	12,115,000	0	0	322	57,679,164
21. Issued during year	152	5,970,000							152	5,970,000
22. Other changes to in force (Net)	(136)	(10,384,511)			0	(845,000)			(136)	(11,229,511)
23. In force December 31 of current year	338	41,149,653	0 (a)	0	0	11,270,000	0	0	338	52,419,653

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	18,283,557	18,482,914		13,727,000	13,668,778
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,587,933	1,552,570		653,486	768,962
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	114,320	112,846		79,897	52,353
25.5 All other (b)	1,435,777	1,420,775		592,692	606,445
25.6 Totals (sum of Lines 25.1 to 25.5)	3,138,030	3,086,191	0	1,326,075	1,427,760
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	21,421,587	21,569,105	0	15,053,075	15,096,538

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 6,967 and number of persons
insured under indemnity only products 1,315 .



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Missouri
NAIC Group Code 0707

DURING THE YEAR 2018
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,064,137		70,385		1,134,522
2. Annuity considerations	70,010				70,010
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,134,147	0	70,385	0	1,204,532
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,559				1,559
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,559	0	0	0	1,559
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	1,559	0	0	0	1,559
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	4,196,399		0		4,196,399
10. Matured endowments					0
11. Annuity benefits	1,564,952				1,564,952
12. Surrender values and withdrawals for life contracts	1,422,997				1,422,997
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	7,184,348	0	0	0	7,184,348
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	10	195,629	0	0	0	0	0	0	10	195,629
17. Incurred during current year Settled during current year:	27	4,448,024	0	0	0	0			27	4,448,024
18.1 By payment in full	32	4,196,399				0			32	4,196,399
18.2 By payment on compromised claims									0	0
18.3 Totals paid	32	4,196,399	0	0	0	0	0	0	32	4,196,399
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	32	4,196,399	0	0	0	0	0	0	32	4,196,399
19. Unpaid Dec. 31, current year (16+17-18.6)	5	447,254	0	0	0	0	0	0	5	447,254
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,570	170,794,017	0 (a)	0	3	31,779,053	0	0	1,573	202,573,070
21. Issued during year	193	8,025,000							193	8,025,000
22. Other changes to in force (Net)	(288)	(19,407,397)			0	(4,268,000)			(288)	(23,675,397)
23. In force December 31 of current year	1,475	159,411,621	0 (a)	0	3	27,511,053	0	0	1,478	186,922,674

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	54,215,994	54,486,407		39,622,304	38,649,041
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	2,900,324	2,788,689		1,556,483	1,065,454
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	374,164	367,381		36,489	120,613
25.5 All other (b)	8,095,626	7,829,400		3,152,289	3,097,442
25.6 Totals (sum of Lines 25.1 to 25.5)	11,370,114	10,985,470	0	4,745,261	4,283,509
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	65,586,108	65,471,878	0	44,367,565	42,932,550

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products18,430 and number of persons
insured under indemnity only products2,707 .



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Montana
NAIC Group Code 0707

DURING THE YEAR 2018
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	4,173		0		4,173
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	4,173	0	0	0	4,173
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits	21,920				21,920
12. Surrender values and withdrawals for life contracts	10,976				10,976
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	32,896	0	0	0	32,896
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year									0	0
17. Incurred during current year Settled during current year:									0	0
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	14	2,060,129	0 (a)	0	0	0	0	0	14	2,060,129
21. Issued during year									0	0
22. Other changes to in force (Net)	(2)	(103,555)			0	0			(2)	(103,555)
23. In force December 31 of current year	12	1,956,574	0 (a)	0	0	0	0	0	12	1,956,574

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	(332)	(332)		0	(161)
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	2,549	2,549		200	244
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	86,489	75,217		31,512	31,541
25.5 All other (b)	657,918	571,416		131,550	192,759
25.6 Totals (sum of Lines 25.1 to 25.5)	746,956	649,183	0	163,262	224,543
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	746,624	648,850	0	163,262	224,382

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 528 and number of persons
insured under indemnity only products 1 .



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Nebraska
NAIC Group Code 0707

DURING THE YEAR 2018
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	258,027		11,672		269,699
2. Annuity considerations	18,164				18,164
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	276,191	0	11,672	0	287,862
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	976,748		0		976,748
10. Matured endowments					0
11. Annuity benefits	47,970				47,970
12. Surrender values and withdrawals for life contracts	152,124				152,124
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	1,176,842	0	0	0	1,176,842
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:	10	1,083,418	0	0	0	0			10	1,083,418
18.1 By payment in full	7	976,748				0			7	976,748
18.2 By payment on compromised claims									0	0
18.3 Totals paid	7	976,748	0	0	0	0	0	0	7	976,748
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	7	976,748	0	0	0	0	0	0	7	976,748
19. Unpaid Dec. 31, current year (16+17-18.6)	3	106,670	0	0	0	0	0	0	3	106,670
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	472	68,255,399	0 (a)	0	0	6,042,000	0	0	472	74,297,399
21. Issued during year	52	1,745,000							52	1,745,000
22. Other changes to in force (Net)	(77)	(6,994,824)			0	(1,826,000)			(77)	(8,820,824)
23. In force December 31 of current year	447	63,005,575	0 (a)	0	0	4,216,000	0	0	447	67,221,575

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	25,826,897	25,664,162		18,227,187	16,591,473
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)	104	90		0	0
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	924,383	910,716		354,879	366,105
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	80,314	79,495		16,670	38,906
25.5 All other (b)	1,279,769	1,274,930		565,394	577,525
25.6 Totals (sum of Lines 25.1 to 25.5)	2,284,465	2,265,141	0	936,942	982,536
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	28,111,466	27,929,393	0	19,164,129	17,574,009

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 7,922 and number of persons insured under indemnity only products 651 .



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Nevada
NAIC Group Code 0707

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	75,397		53		75,450
2. Annuity considerations	5,280				5,280
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	80,678	0	53	0	80,730
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	278				278
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	278	0	0	0	278
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	278	0	0	0	278
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	788,615		0		788,615
10. Matured endowments					0
11. Annuity benefits	1,229				1,229
12. Surrender values and withdrawals for life contracts	104,606				104,606
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	894,450	0	0	0	894,450
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:	0	788,615	0	0	0	0			0	788,615
18.1 By payment in full	0	788,615				0			0	788,615
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	788,615	0	0	0	0	0	0	0	788,615
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	788,615	0	0	0	0	0	0	0	788,615
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	113	16,531,336	0 (a)	0	0	0	0	0	113	16,531,336
21. Issued during year	65	3,160,000							65	3,160,000
22. Other changes to in force (Net)	(60)	(2,493,125)			0	30,000			(60)	(2,463,125)
23. In force December 31 of current year	118	17,198,211	0 (a)	0	0	30,000	0	0	118	17,228,211

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	215,953	213,938		50,634	53,026
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	280,830	1,633,133		1,941,288	1,905,610
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	140,183	137,206		26,950	55,159
25.5 All other (b)	8,467,955	8,402,534		5,108,115	5,227,770
25.6 Totals (sum of Lines 25.1 to 25.5)	8,888,969	10,172,873	0	7,076,353	7,188,538
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	9,104,921	10,386,811	0	7,126,987	7,241,564

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 3,209 and number of persons
insured under indemnity only products 1,303 .



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF New Hampshire
NAIC Group Code 0707

DURING THE YEAR 2018
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	191,649		0		191,649
2. Annuity considerations	6,976				6,976
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	198,624	0	0	0	198,624
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	278,672		0		278,672
10. Matured endowments					0
11. Annuity benefits	1,520,840				1,520,840
12. Surrender values and withdrawals for life contracts	437,199				437,199
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	2,236,711	0	0	0	2,236,711
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:	6	278,672	0	0	0	0			6	278,672
18.1 By payment in full	6	278,672				0			6	278,672
18.2 By payment on compromised claims									0	0
18.3 Totals paid	6	278,672	0	0	0	0	0	0	6	278,672
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	6	278,672	0	0	0	0	0	0	6	278,672
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	180	29,529,659	0 (a)	0	0	0	0	0	180	29,529,659
21. Issued during year									0	0
22. Other changes to in force (Net)	(13)	(1,622,993)			0	0			(13)	(1,622,993)
23. In force December 31 of current year	167	27,906,666	0 (a)	0	0	0	0	0	167	27,906,666

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	879	547		10	(5)
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	4,878	4,879		438	(3,128)
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	223	221		0	0
25.5 All other (b)	58,370	57,573		21,884	21,676
25.6 Totals (sum of Lines 25.1 to 25.5)	63,471	62,673	0	22,322	18,549
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	64,350	63,221	0	22,332	18,544

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 4 and number of persons insured under indemnity only products 2 .



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF New Jersey
NAIC Group Code 0707

DURING THE YEAR 2018
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	54,157		0		54,157
2. Annuity considerations	9,714				9,714
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	63,871	0	0	0	63,871
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	88,639		0		88,639
10. Matured endowments					0
11. Annuity benefits	29,505				29,505
12. Surrender values and withdrawals for life contracts	21,827				21,827
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	139,970	0	0	0	139,970
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:	0	88,639	0	0	0	0			0	88,639
18.1 By payment in full	0	88,639				0			0	88,639
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	88,639	0	0	0	0	0	0	0	88,639
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	88,639	0	0	0	0	0	0	0	88,639
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	60	15,049,451	0 (a)	0	0	0	0	0	60	15,049,451
21. Issued during year	1	100,000							1	100,000
22. Other changes to in force (Net)	(4)	(1,303,221)			0	0			(4)	(1,303,221)
23. In force December 31 of current year	57	13,846,230	0 (a)	0	0	0	0	0	57	13,846,230

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	83	210		227	133
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	17,625	17,549		8,983	8,881
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	3	6		0	0
25.5 All other (b)	854,842	861,569		350,752	353,722
25.6 Totals (sum of Lines 25.1 to 25.5)	872,470	879,124	0	359,734	362,603
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	872,553	879,334	0	359,961	362,736

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 3 and number of persons
insured under indemnity only products 18 .



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF New Mexico
NAIC Group Code 0707

DURING THE YEAR 2018
NAIC Company Code 62286

LIFE INSURANCE					
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	51,488		0		51,488
2. Annuity considerations	13,005				13,005
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	64,493	0	0	0	64,493
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits	54,224				54,224
12. Surrender values and withdrawals for life contracts	15,055				15,055
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	69,279	0	0	0	69,279
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	2	101,652	0	0	0	0			2	101,652
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	2	101,652	0	0	0	0	0	0	2	101,652
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	78	12,687,299	0	(a) 0	0	0	0	0	78	12,687,299
21. Issued during year									0	0
22. Other changes to in force (Net)	(10)	(1,975,000)			0	0			(10)	(1,975,000)
23. In force December 31 of current year	68	10,712,299	0	(a) 0	0	0	0	0	68	10,712,299

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	1,924	2,693		0	(447)
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	52,810	52,910		46,041	36,288
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	80	81		0	10
25.5 All other (b)	74,400	75,237		37,886	38,337
25.6 Totals (sum of Lines 25.1 to 25.5)	127,290	128,228	0	83,926	74,635
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	129,213	130,921	0	83,926	74,188

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 17 .



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF New York
NAIC Group Code 0707

DURING THE YEAR 2018
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	32,140		0		32,140
2. Annuity considerations	3,809				3,809
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	35,949	0	0	0	35,949
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	284,508		0		284,508
10. Matured endowments					0
11. Annuity benefits	30,602				30,602
12. Surrender values and withdrawals for life contracts	24,464				24,464
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	339,574	0	0	0	339,574
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	1	0	0	0	0	0	0	0	1
17. Incurred during current year Settled during current year:	3	284,508	0	0	0	0			3	284,508
18.1 By payment in full	3	284,508				0			3	284,508
18.2 By payment on compromised claims									0	0
18.3 Totals paid	3	284,508	0	0	0	0	0	0	3	284,508
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	3	284,508	0	0	0	0	0	0	3	284,508
19. Unpaid Dec. 31, current year (16+17-18.6)	0	1	0	0	0	0	0	0	0	1
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	67	9,096,129	0 (a)	0	0	0	0	0	67	9,096,129
21. Issued during year	5	250,000							5	250,000
22. Other changes to in force (Net)	(16)	(1,375,859)			0	0			(16)	(1,375,859)
23. In force December 31 of current year	56	7,970,270	0 (a)	0	0	0	0	0	56	7,970,270

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	(5,680)	1,810		229	211
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	16,415	16,204		10,208	9,481
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	297	284		0	0
25.5 All other (b)	34,763	34,063		154,396	156,023
25.6 Totals (sum of Lines 25.1 to 25.5)	51,475	50,551	0	164,604	165,504
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	45,795	52,361	0	164,833	165,715

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 2 and number of persons
insured under indemnity only products 15 .



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF North Carolina
NAIC Group Code 0707

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	707,584		11,144		718,728
2. Annuity considerations	36,137				36,137
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	743,721	0	11,144	0	754,865
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,404,033		0		1,404,033
10. Matured endowments					0
11. Annuity benefits	2,000,374				2,000,374
12. Surrender values and withdrawals for life contracts	807,783				807,783
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	4,212,190	0	0	0	4,212,190
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	12	1,404,033	0	0	0	0			12	1,404,033
Settled during current year:										
18.1 By payment in full	12	1,404,033				0			12	1,404,033
18.2 By payment on compromised claims									0	0
18.3 Totals paid	12	1,404,033	0	0	0	0	0	0	12	1,404,033
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	12	1,404,033	0	0	0	0	0	0	12	1,404,033
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	910	108,075,554	0 (a)	0	0	5,800,000	0	0	910	113,875,554
21. Issued during year	387	15,325,000							387	15,325,000
22. Other changes to in force (Net)	(379)	(20,283,869)			0	(850,000)			(379)	(21,133,869)
23. In force December 31 of current year	918	103,116,686	0 (a)	0	0	4,950,000	0	0	918	108,066,686

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	9,594,327	9,465,536		7,661,517	5,063,630
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)	0	(147)		0	0
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	7,340,185	7,196,435		2,479,840	3,140,742
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	611,496	598,354		63,600	200,378
25.5 All other (b)	17,963,161	17,193,584		6,985,112	7,771,810
25.6 Totals (sum of Lines 25.1 to 25.5)	25,914,842	24,988,373	0	9,528,552	11,112,930
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	35,509,169	34,453,762	0	17,190,069	16,176,560

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 10,797 and number of persons
insured under indemnity only products 5,399 .



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF North Dakota
NAIC Group Code 0707

DURING THE YEAR 2018
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	72,593		0		72,593
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	72,593	0	0	0	72,593
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	291,555		0		291,555
10. Matured endowments					0
11. Annuity benefits	7,959				7,959
12. Surrender values and withdrawals for life contracts	65,025				65,025
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	364,539	0	0	0	364,539
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:	5	291,555	0	0	0	0			5	291,555
18.1 By payment in full	5	291,555				0			5	291,555
18.2 By payment on compromised claims									0	0
18.3 Totals paid	5	291,555	0	0	0	0	0	0	5	291,555
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	5	291,555	0	0	0	0	0	0	5	291,555
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	94	13,381,673	0 (a)	0	0	0	0	0	94	13,381,673
21. Issued during year									0	0
22. Other changes to in force (Net)	(9)	(1,230,420)			0	0			(9)	(1,230,420)
23. In force December 31 of current year	85	12,151,253	0 (a)	0	0	0	0	0	85	12,151,253

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	8	8		0	(2)
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	32,906	32,764		14,907	3,816
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	39,702	39,335		22,277	23,357
25.6 Totals (sum of Lines 25.1 to 25.5)	72,608	72,099	0	37,184	27,173
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	72,616	72,107	0	37,184	27,172

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons
insured under indemnity only products 14 .



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ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2018

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,140,307		58,719		1,199,026
2. Annuity considerations	99,898				99,898
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,240,204	0	58,719	0	1,298,923
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	185				185
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	185	0	0	0	185
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	185	0	0	0	185
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	4,181,499		0		4,181,499
10. Matured endowments					0
11. Annuity benefits	767,415				767,415
12. Surrender values and withdrawals for life contracts	2,201,765				2,201,765
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	7,150,680	0	0	0	7,150,680
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	8	257,916	0	0	0	0	0	0	8	257,916
17. Incurred during current year	14	4,256,059	0	0	0	0			14	4,256,059
Settled during current year:										
18.1 By payment in full	16	4,181,499				0			16	4,181,499
18.2 By payment on compromised claims									0	0
18.3 Totals paid	16	4,181,499	0	0	0	0	0	0	16	4,181,499
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	16	4,181,499	0	0	0	0	0	0	16	4,181,499
19. Unpaid Dec. 31, current year (16+17-18.6)	6	332,476	0	0	0	0	0	0	6	332,476
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	1,907	268,316,880	0 (a)	0	0	24,456,000	0	0	1,907	292,772,880
21. Issued during year	250	11,270,000							250	11,270,000
22. Other changes to in force (Net)	(311)	(29,357,822)			0	(5,713,000)			(311)	(35,070,822)
23. In force December 31 of current year	1,846	250,229,058	0 (a)	0	0	18,743,000	0	0	1,846	268,972,058

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	61,981,310	61,211,305		56,101,696	56,294,814
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					3,489
25.2 Guaranteed renewable (b)	8,203,796	8,106,740		4,789,809	3,524,287
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	333,441	326,979		30,366	120,141
25.5 All other (b)	4,156,402	4,138,978		1,766,049	1,814,693
25.6 Totals (sum of Lines 25.1 to 25.5)	12,693,640	12,572,698	0	6,586,225	5,462,609
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	74,674,949	73,784,003	0	62,687,921	61,757,424

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 21,932 and number of persons insured under indemnity only products 4,532 .



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ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Oklahoma
NAIC Group Code 0707

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	255,491		23,599		279,090
2. Annuity considerations	14,176				14,176
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	269,667	0	23,599	0	293,266
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	784,576		0		784,576
10. Matured endowments					0
11. Annuity benefits	648,794				648,794
12. Surrender values and withdrawals for life contracts	867,976				867,976
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	2,301,346	0	0	0	2,301,346
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	8	4,816	0	0	0	0	0	0	8	4,816
17. Incurred during current year Settled during current year:	(4)	879,761	0	0	0	0			(4)	879,761
18.1 By payment in full	3	784,576				0			3	784,576
18.2 By payment on compromised claims									0	0
18.3 Totals paid	3	784,576	0	0	0	0	0	0	3	784,576
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	3	784,576	0	0	0	0	0	0	3	784,576
19. Unpaid Dec. 31, current year (16+17-18.6)	1	100,000	0	0	0	0	0	0	1	100,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	447	75,929,804	0 (a)	0	0	10,327,000	0	0	447	86,256,804
21. Issued during year	71	3,330,000							71	3,330,000
22. Other changes to in force (Net)	(79)	(6,169,205)			0	(1,100,000)			(79)	(7,269,205)
23. In force December 31 of current year	439	73,090,599	0 (a)	0	0	9,227,000	0	0	439	82,317,599

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	21,574,768	21,546,567		15,901,008	16,161,681
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,490,911	1,461,770		737,191	613,170
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	94,777	94,170		4,410	31,450
25.5 All other (b)	1,145,943	1,144,235		489,378	498,108
25.6 Totals (sum of Lines 25.1 to 25.5)	2,731,631	2,700,174	0	1,230,978	1,142,728
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	24,306,399	24,246,741	0	17,131,986	17,304,409

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 5,868 and number of persons
insured under indemnity only products 993 .



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Oregon
NAIC Group Code 0707

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	104,266		63		104,328
2. Annuity considerations	3,669				3,669
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	107,934	0	63	0	107,997
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	384				384
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	384	0	0	0	384
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	384	0	0	0	384
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	557,907		0		557,907
10. Matured endowments					0
11. Annuity benefits	119,526				119,526
12. Surrender values and withdrawals for life contracts	136,859				136,859
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	814,292	0	0	0	814,292
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:	2	701,563	0	0	0	0			2	701,563
18.1 By payment in full	1	557,907				0			1	557,907
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	557,907	0	0	0	0	0	0	1	557,907
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	557,907	0	0	0	0	0	0	1	557,907
19. Unpaid Dec. 31, current year (16+17-18.6)	1	143,656	0	0	0	0	0	0	1	143,656
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	149	27,624,495	0 (a)	0	0	0	0	0	149	27,624,495
21. Issued during year									0	0
22. Other changes to in force (Net)	(12)	(2,828,221)			0	0			(12)	(2,828,221)
23. In force December 31 of current year	137	24,796,274	0 (a)	0	0	0	0	0	137	24,796,274

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	493	561		(1,591)	(1,542)
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,617,690	1,571,548		372,397	470,128
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	66,032	62,638		9,541	18,658
25.5 All other (b)	1,622,103	1,602,756		592,245	606,719
25.6 Totals (sum of Lines 25.1 to 25.5)	3,305,825	3,236,942	0	974,184	1,095,505
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,306,318	3,237,503	0	972,593	1,093,963

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products855 and number of persons
insured under indemnity only products1,139 .



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ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2018

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	928,136		22,555		950,691
2. Annuity considerations	5,958				5,958
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	934,094	0	22,555	0	956,649
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	2,663,394		0		2,663,394
10. Matured endowments					0
11. Annuity benefits	523,915				523,915
12. Surrender values and withdrawals for life contracts	1,548,900				1,548,900
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	4,736,209	0	0	0	4,736,209
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	3	322,435	0	0	0	0	0	0	3	322,435
17. Incurred during current year Settled during current year:	3	2,340,959	0	0	0	0			3	2,340,959
18.1 By payment in full	6	2,663,394				0			6	2,663,394
18.2 By payment on compromised claims									0	0
18.3 Totals paid	6	2,663,394	0	0	0	0	0	0	6	2,663,394
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	6	2,663,394	0	0	0	0	0	0	6	2,663,394
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	657	94,145,213	0 (a)	0	0	9,276,000	0	0	657	103,421,213
21. Issued during year	216	9,465,000							216	9,465,000
22. Other changes to in force (Net)	(115)	(8,058,735)			0	(1,010,000)			(115)	(9,068,735)
23. In force December 31 of current year	758	95,551,478	0 (a)	0	0	8,266,000	0	0	758	103,817,478

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	23,849,124	24,400,988		15,786,654	14,549,386
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	4,767,039	4,633,273		1,147,589	1,622,212
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	269,568	266,980		14,170	86,553
25.5 All other (b)	3,129,142	3,119,807		1,227,788	1,220,193
25.6 Totals (sum of Lines 25.1 to 25.5)	8,165,749	8,020,059	0	2,389,546	2,928,958
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	32,014,873	32,421,047	0	18,176,200	17,478,344

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 8,296 and number of persons insured under indemnity only products 3,560 .



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Rhode Island
NAIC Group Code 0707

DURING THE YEAR 2018
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	46,758		0		46,758
2. Annuity considerations	1,625				1,625
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	48,382	0	0	0	48,382
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits	4,676				4,676
12. Surrender values and withdrawals for life contracts	201,182				201,182
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	205,857	0	0	0	205,857
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	54	10,134,439	0 (a)	0	0	0	0	0	54	10,134,439
21. Issued during year									0	0
22. Other changes to in force (Net)	(4)	(1,242,743)			0	0			(4)	(1,242,743)
23. In force December 31 of current year	50	8,891,696	0 (a)	0	0	0	0	0	50	8,891,696

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	(79)	88		5	(30)
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	163,524	150,950		23,815	41,608
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	1,524	1,222		0	0
25.5 All other (b)	26,461	25,186		10,846	11,922
25.6 Totals (sum of Lines 25.1 to 25.5)	191,510	177,357	0	34,661	53,530
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	191,431	177,444	0	34,666	53,501

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons
insured under indemnity only products 230 .



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ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2018

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	352,769		27,323		380,092
2. Annuity considerations	18,610				18,610
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	371,379	0	27,323	0	398,702
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,577,420		50,000		1,627,420
10. Matured endowments					0
11. Annuity benefits	425,534				425,534
12. Surrender values and withdrawals for life contracts	341,663				341,663
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	2,344,618	0	50,000	0	2,394,618
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	1	178,998	0	0	0	0	0	0	1	178,998
17. Incurred during current year Settled during current year:	5	1,398,422	0	0	1	50,000			6	1,448,422
18.1 By payment in full	6	1,577,420			1	50,000			7	1,627,420
18.2 By payment on compromised claims									0	0
18.3 Totals paid	6	1,577,420	0	0	1	50,000	0	0	7	1,627,420
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	6	1,577,420	0	0	1	50,000	0	0	7	1,627,420
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	486	74,918,294	0 (a)	0	0	13,074,000	0	0	486	87,992,294
21. Issued during year	97	4,255,000							97	4,255,000
22. Other changes to in force (Net)	(113)	(10,696,480)			0	(1,646,000)			(113)	(12,342,480)
23. In force December 31 of current year	470	68,476,814	0 (a)	0	0	11,428,000	0	0	470	79,904,814

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	28,258,412	28,397,256		21,541,726	20,857,603
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					3,070
25.2 Guaranteed renewable (b)	1,707,686	1,668,198		657,846	934,510
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	159,086	153,664		20,936	42,114
25.5 All other (b)	5,036,389	4,848,420		1,867,222	1,846,043
25.6 Totals (sum of Lines 25.1 to 25.5)	6,903,161	6,670,282	0	2,546,003	2,825,737
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	35,161,573	35,067,538	0	24,087,729	23,683,340

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 8,102 and number of persons insured under indemnity only products 1,354 .



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF South Dakota
NAIC Group Code 0707

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	207,253		0		207,253
2. Annuity considerations	2,000				2,000
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	209,253	0	0	0	209,253
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,258,991		0		1,258,991
10. Matured endowments					0
11. Annuity benefits	225,916				225,916
12. Surrender values and withdrawals for life contracts	167,286				167,286
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	1,652,193	0	0	0	1,652,193
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	3	401,108	0	0	0	0	0	0	3	401,108
17. Incurred during current year Settled during current year:	6	893,128	0	0	0	0			6	893,128
18.1 By payment in full	8	1,258,991				0			8	1,258,991
18.2 By payment on compromised claims									0	0
18.3 Totals paid	8	1,258,991	0	0	0	0	0	0	8	1,258,991
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	8	1,258,991	0	0	0	0	0	0	8	1,258,991
19. Unpaid Dec. 31, current year (16+17-18.6)	1	35,245	0	0	0	0	0	0	1	35,245
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	311	60,725,435	0 (a)	0	0	0	0	0	311	60,725,435
21. Issued during year	4	150,000							4	150,000
22. Other changes to in force (Net)	(32)	(5,609,071)			0	0			(32)	(5,609,071)
23. In force December 31 of current year	283	55,266,364	0 (a)	0	0	0	0	0	283	55,266,364

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	(307)	(270)		0	(41)
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					566
25.2 Guaranteed renewable (b)	34,571	34,316		45,111	(2,055)
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	5,597	5,563		0	1,467
25.5 All other (b)	66,287	64,308		29,096	29,853
25.6 Totals (sum of Lines 25.1 to 25.5)	106,455	104,187	0	74,207	29,831
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	106,148	103,917	0	74,207	29,790

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons
insured under indemnity only products 10 .



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2018

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	991,004		41,310		1,032,314
2. Annuity considerations	27,318				27,318
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,018,322	0	41,310	0	1,059,632
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	234				234
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	234	0	0	0	234
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	234	0	0	0	234
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	3,811,668		0		3,811,668
10. Matured endowments					0
11. Annuity benefits	402,581				402,581
12. Surrender values and withdrawals for life contracts	1,289,283				1,289,283
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	5,503,532	0	0	0	5,503,532
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	8	779,810	0	0	0	0	0	0	8	779,810
17. Incurred during current year Settled during current year:	4	3,365,389	0	0	1	50,000			5	3,415,389
18.1 By payment in full	9	3,811,668				0			9	3,811,668
18.2 By payment on compromised claims									0	0
18.3 Totals paid	9	3,811,668	0	0	0	0	0	0	9	3,811,668
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	9	3,811,668	0	0	0	0	0	0	9	3,811,668
19. Unpaid Dec. 31, current year (16+17-18.6)	3	333,531	0	0	1	50,000	0	0	4	383,531
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,349	194,653,297	0 (a)	0	0	18,328,000	0	0	1,349	212,981,297
21. Issued during year	190	8,000,000							190	8,000,000
22. Other changes to in force (Net)	(244)	(25,993,659)			0	(2,056,000)			(244)	(28,049,659)
23. In force December 31 of current year	1,295	176,659,637	0 (a)	0	0	16,272,000	0	0	1,295	192,931,637

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	31,855,675	31,547,953		21,629,390	20,333,740
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,422,048	1,361,531		686,776	681,124
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	207,239	206,678		15,743	74,184
25.5 All other (b)	2,420,842	2,423,658		867,194	963,655
25.6 Totals (sum of Lines 25.1 to 25.5)	4,050,130	3,991,866	0	1,569,713	1,718,963
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	35,905,805	35,539,819	0	23,199,103	22,052,704

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 12,826 and number of persons insured under indemnity only products 1,723 .



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Texas
NAIC Group Code 0707

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	2,105,579		71,450		2,177,029
2. Annuity considerations	196,575				196,575
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	2,302,154	0	71,450	0	2,373,604
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,983				1,983
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	780				780
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	2,762	0	0	0	2,762
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	2,762	0	0	0	2,762
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	6,809,836		0		6,809,836
10. Matured endowments					0
11. Annuity benefits	2,377,936				2,377,936
12. Surrender values and withdrawals for life contracts	2,789,739				2,789,739
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	11,977,511	0	0	0	11,977,511
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	11	481,746	0	0	0	0	0	0	11	481,746
17. Incurred during current year Settled during current year:	21	6,667,185	0	0	0	0			21	6,667,185
18.1 By payment in full	29	6,809,836				0			29	6,809,836
18.2 By payment on compromised claims									0	0
18.3 Totals paid	29	6,809,836	0	0	0	0	0	0	29	6,809,836
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	29	6,809,836	0	0	0	0	0	0	29	6,809,836
19. Unpaid Dec. 31, current year (16+17-18.6)	3	339,095	0	0	0	0	0	0	3	339,095
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	3,071	457,279,249	0 (a)	0	0	31,179,000	0	0	3,071	488,458,249
21. Issued during year	835	37,400,000							835	37,400,000
22. Other changes to in force (Net)	(976)	(67,182,233)			0	(4,403,000)			(976)	(71,585,233)
23. In force December 31 of current year	2,930	427,497,016	0 (a)	0	0	26,776,000	0	0	2,930	454,273,016

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	94,023,748	91,130,101		54,685,246	46,866,819
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	20,394,391	20,278,662		7,106,244	7,757,515
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	1,278,902	1,268,241		77,855	428,641
25.5 All other (b)	12,551,530	12,514,616		7,079,523	7,276,201
25.6 Totals (sum of Lines 25.1 to 25.5)	34,224,823	34,061,518	0	14,263,622	15,462,357
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	128,248,571	125,191,620	0	68,948,868	62,329,177

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 29,574 and number of persons insured under indemnity only products 14,545 .



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Utah
NAIC Group Code 0707

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	88,324		0		88,324
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	88,324	0	0	0	88,324
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	483,318		0		483,318
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	86,191				86,191
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	569,510	0	0	0	569,510
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	(1)	0	0	0	0	0	0	0	(1)
17. Incurred during current year Settled during current year:	1	483,318	0	0	0	0			1	483,318
18.1 By payment in full	1	483,318				0			1	483,318
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	483,318	0	0	0	0	0	0	1	483,318
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	483,318	0	0	0	0	0	0	1	483,318
19. Unpaid Dec. 31, current year (16+17-18.6)	0	(1)	0	0	0	0	0	0	0	(1)
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	100	23,204,908	0 (a)	0	0	0	0	0	100	23,204,908
21. Issued during year									0	0
22. Other changes to in force (Net)	(6)	(803,573)			0	0			(6)	(803,573)
23. In force December 31 of current year	94	22,401,335	0 (a)	0	0	0	0	0	94	22,401,335

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	(945)	(771)		109	(5,963)
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	720,452	684,096		175,932	241,074
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	5,994	4,968		3,793	3,793
25.5 All other (b)	392,057	387,709		162,215	166,813
25.6 Totals (sum of Lines 25.1 to 25.5)	1,118,503	1,076,773	0	341,941	411,680
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,117,557	1,076,002	0	342,050	405,717

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 1 and number of persons
insured under indemnity only products 790 .



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Vermont
NAIC Group Code 0707

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	40,860		0		40,860
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	40,860	0	0	0	40,860
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	245,337		0		245,337
10. Matured endowments					0
11. Annuity benefits	652				652
12. Surrender values and withdrawals for life contracts	83,232				83,232
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	329,221	0	0	0	329,221
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:	6	383,940	0	0	0	0			6	383,940
18.1 By payment in full	3	245,337				0			3	245,337
18.2 By payment on compromised claims									0	0
18.3 Totals paid	3	245,337	0	0	0	0	0	0	3	245,337
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	3	245,337	0	0	0	0	0	0	3	245,337
19. Unpaid Dec. 31, current year (16+17-18.6)	3	138,603	0	0	0	0	0	0	3	138,603
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	61	9,242,768	0 (a)	0	0	0	0	0	61	9,242,768
21. Issued during year									0	0
22. Other changes to in force (Net)	(11)	(1,996,683)			0	0			(11)	(1,996,683)
23. In force December 31 of current year	50	7,246,085	0 (a)	0	0	0	0	0	50	7,246,085

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	0	0		264	264
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	4,274	4,527		9,384	(9,416)
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	13,388	13,749		8,723	8,246
25.6 Totals (sum of Lines 25.1 to 25.5)	17,662	18,276	0	18,107	(1,170)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	17,662	18,276	0	18,371	(906)

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons
insured under indemnity only products 6 .



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Virginia
NAIC Group Code 0707

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	843,839		24,225		868,064
2. Annuity considerations	50,077				50,077
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	893,916	0	24,225	0	918,141
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	2,046,114		0		2,046,114
10. Matured endowments					0
11. Annuity benefits	592,197				592,197
12. Surrender values and withdrawals for life contracts	796,225				796,225
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	3,434,536	0	0	0	3,434,536
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	2	118,952	0	0	0	0	0	0	2	118,952
17. Incurred during current year Settled during current year:	9	2,266,664	0	0	1	150,000			10	2,416,664
18.1 By payment in full	8	2,046,114				0			8	2,046,114
18.2 By payment on compromised claims									0	0
18.3 Totals paid	8	2,046,114	0	0	0	0	0	0	8	2,046,114
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	8	2,046,114	0	0	0	0	0	0	8	2,046,114
19. Unpaid Dec. 31, current year (16+17-18.6)	3	339,502	0	0	1	150,000	0	0	4	489,502
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	976	168,492,089	0 (a)	0	0	11,896,000	0	0	976	180,388,089
21. Issued during year	209	9,785,000							209	9,785,000
22. Other changes to in force (Net)	(158)	(22,576,020)			0	(1,862,000)			(158)	(24,438,020)
23. In force December 31 of current year	1,027	155,701,069	0 (a)	0	0	10,034,000	0	0	1,027	165,735,069

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	26,319,554	26,018,264		17,821,859	17,696,805
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	435,969	556,746		493,808	5,786
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	97,228	90,182		2,945	13,846
25.5 All other (b)	446,575	444,416		408,535	434,899
25.6 Totals (sum of Lines 25.1 to 25.5)	979,772	1,091,345	0	905,289	454,531
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	27,299,326	27,109,609	0	18,727,148	18,151,336

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 10,343 and number of persons
insured under indemnity only products 502 .



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Washington
NAIC Group Code 0707

DURING THE YEAR 2018
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	180,042		0		180,042
2. Annuity considerations	3,502				3,502
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	183,543	0	0	0	183,543
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	206				206
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	206	0	0	0	206
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	206	0	0	0	206
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	876,548		0		876,548
10. Matured endowments					0
11. Annuity benefits	110,775				110,775
12. Surrender values and withdrawals for life contracts	292,315				292,315
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	1,279,638	0	0	0	1,279,638
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:	7	978,089	0	0	0	0			7	978,089
18.1 By payment in full	6	876,548				0			6	876,548
18.2 By payment on compromised claims									0	0
18.3 Totals paid	6	876,548	0	0	0	0	0	0	6	876,548
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	6	876,548	0	0	0	0	0	0	6	876,548
19. Unpaid Dec. 31, current year (16+17-18.6)	1	101,541	0	0	0	0	0	0	1	101,541
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	203	42,130,641	0 (a)	0	0	0	0	0	203	42,130,641
21. Issued during year	3	125,000							3	125,000
22. Other changes to in force (Net)	(17)	(3,905,516)			0	0			(17)	(3,905,516)
23. In force December 31 of current year	189	38,350,125	0 (a)	0	0	0	0	0	189	38,350,125

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	(156)	104		0	(9)
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	13,900	13,674		11,597	14,672
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	102	105		0	0
25.5 All other (b)	600,949	597,735		348,560	353,701
25.6 Totals (sum of Lines 25.1 to 25.5)	614,951	611,514	0	360,157	368,373
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	614,795	611,618	0	360,157	368,364

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 2 and number of persons
insured under indemnity only products 11 .



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF West Virginia
NAIC Group Code 0707

DURING THE YEAR 2018
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	206,026		6,951		212,977
2. Annuity considerations	17,404				17,404
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	223,430	0	6,951	0	230,381
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	521,123		0		521,123
10. Matured endowments					0
11. Annuity benefits	186,358				186,358
12. Surrender values and withdrawals for life contracts	315,773				315,773
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	1,023,254	0	0	0	1,023,254
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	1	87,637	0	0	0	0	0	0	1	87,637
17. Incurred during current year Settled during current year:	3	433,486	0	0	0	0			3	433,486
18.1 By payment in full	4	521,123				0			4	521,123
18.2 By payment on compromised claims									0	0
18.3 Totals paid	4	521,123	0	0	0	0	0	0	4	521,123
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	4	521,123	0	0	0	0	0	0	4	521,123
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	217	27,582,038	0 (a)	0	0	2,866,000	0	0	217	30,448,038
21. Issued during year	16	1,075,000							16	1,075,000
22. Other changes to in force (Net)	(27)	(2,130,054)			0	(674,000)			(27)	(2,804,054)
23. In force December 31 of current year	206	26,526,984	0 (a)	0	0	2,192,000	0	0	206	28,718,984

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	6,519,054	6,490,092		5,632,828	5,217,238
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	696,647	690,985		365,485	324,528
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	31,708	31,700		1,944	11,307
25.5 All other (b)	244,719	243,731		81,661	90,527
25.6 Totals (sum of Lines 25.1 to 25.5)	973,075	966,416	0	449,090	426,362
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	7,492,128	7,456,509	0	6,081,918	5,643,600

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 1,582 and number of persons
insured under indemnity only products 363 .



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Wisconsin
NAIC Group Code 0707

DURING THE YEAR 2018
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,080,859		42,673		1,123,532
2. Annuity considerations	34,964				34,964
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,115,824	0	42,673	0	1,158,496
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	3,686,341		0		3,686,341
10. Matured endowments					0
11. Annuity benefits	904,328				904,328
12. Surrender values and withdrawals for life contracts	949,180				949,180
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	5,539,849	0	0	0	5,539,849
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	4	209,864	0	0	0	0	0	0	4	209,864
17. Incurred during current year Settled during current year:	26	3,931,773	0	0	0	0			26	3,931,773
18.1 By payment in full	25	3,686,341				0			25	3,686,341
18.2 By payment on compromised claims									0	0
18.3 Totals paid	25	3,686,341	0	0	0	0	0	0	25	3,686,341
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	25	3,686,341	0	0	0	0	0	0	25	3,686,341
19. Unpaid Dec. 31, current year (16+17-18.6)	5	455,295	0	0	0	0	0	0	5	455,295
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,748	286,903,757	0 (a)	0	0	16,316,000	0	0	1,748	303,219,757
21. Issued during year	126	6,425,000							126	6,425,000
22. Other changes to in force (Net)	(229)	(25,117,955)			0	(2,269,000)			(229)	(27,386,955)
23. In force December 31 of current year	1,645	268,210,802	0 (a)	0	0	14,047,000	0	0	1,645	282,257,802

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	50,821,134	50,650,773		37,879,616	35,271,913
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	3,639,962	3,605,213		952,850	1,152,677
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	186,595	179,438		25,343	74,907
25.5 All other (b)	961,803	947,305		340,263	347,831
25.6 Totals (sum of Lines 25.1 to 25.5)	4,788,360	4,731,957	0	1,318,456	1,575,414
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	55,609,494	55,382,729	0	39,198,072	36,847,327

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 13,136 and number of persons insured under indemnity only products 2,133 .



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Wyoming
NAIC Group Code 0707

DURING THE YEAR 2018
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	23,439		0		23,439
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	23,439	0	0	0	23,439
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	100,000		0		100,000
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	45,850				45,850
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	145,850	0	0	0	145,850
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:	0	100,000	0	0	0	0			0	100,000
18.1 By payment in full	0	100,000				0			0	100,000
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	100,000	0	0	0	0	0	0	0	100,000
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	100,000	0	0	0	0	0	0	0	100,000
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	59	9,311,694	0 (a)	0	0	0	0	0	59	9,311,694
21. Issued during year									0	0
22. Other changes to in force (Net)	(6)	(293,333)			0	0			(6)	(293,333)
23. In force December 31 of current year	53	9,018,362	0 (a)	0	0	0	0	0	53	9,018,362

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	227,489	227,598		1,829,903	1,791,103
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	166,319	159,234		38,363	73,113
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	61,003	51,157		11,374	11,603
25.5 All other (b)	4,414,005	4,349,544		3,465,167	3,412,735
25.6 Totals (sum of Lines 25.1 to 25.5)	4,641,327	4,559,936	0	3,514,903	3,497,451
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,868,816	4,787,533	0	5,344,806	5,288,554

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 1,277 and number of persons
insured under indemnity only products 136 .



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Guam
NAIC Group Code 0707

DURING THE YEAR 2018
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year									0	0
17. Incurred during current year Settled during current year:									0	0
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			(a)						0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons
insured under indemnity only products 0 .



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Other Aliens
NAIC Group Code 0707

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	5,060	0	0	0	5,060
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	5,060	0	0	0	5,060
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	100,000	0	0	0	100,000
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	5,017	0	0	0	5,017
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	105,017	0	0	0	105,017
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:	1	100,000	0	0	0	0	0	0	1	100,000
18.1 By payment in full	1	100,000	0	0	0	0	0	0	1	100,000
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	1	100,000	0	0	0	0	0	0	1	100,000
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	1	100,000	0	0	0	0	0	0	1	100,000
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	8	2,760,000	0	(a) 0	0	0	0	0	8	2,760,000
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	5	(279,748)	0	0	0	0	0	0	5	(279,748)
23. In force December 31 of current year	13	2,480,252	0	(a) 0	0	0	0	0	13	2,480,252

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	1,761	1,761	0	0	(23)
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	6,330	6,193	0	200	206
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	205	187	0	0	0
25.5 All other (b)	1,593	1,788	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	8,128	8,169	0	200	206
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	9,889	9,929	0	200	183

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons
insured under indemnity only products 0 .



6 2 2 8 6 2 0 1 8 4 3 0 5 9 1 0 0

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Grand Total
NAIC Group Code 0707

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	25,045,144	0	1,003,217	0	26,048,360
2. Annuity considerations	1,798,047	0	0	0	1,798,047
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	26,843,191	0	1,003,217	0	27,846,408
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	81,593	0	0	0	81,593
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	4,763	0	0	0	4,763
6.4 Other	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	86,357	0	0	0	86,357
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	86,357	0	0	0	86,357
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	77,635,669	0	102,027	0	77,737,697
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	27,432,346	0	0	0	27,432,346
12. Surrender values and withdrawals for life contracts	37,428,061	0	0	0	37,428,061
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	142,496,077	0	102,027	0	142,598,104
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	154	7,532,615	0	0	1	50,000	0	0	155	7,582,615
17. Incurred during current year Settled during current year:	361	77,766,665	0	0	4	252,027	0	0	365	78,018,692
18.1 By payment in full	425	77,635,669	0	0	3	102,027	0	0	428	77,737,697
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	425	77,635,669	0	0	3	102,027	0	0	428	77,737,697
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	425	77,635,669	0	0	3	102,027	0	0	428	77,737,697
19. Unpaid Dec. 31, current year (16+17-18.6)	90	7,663,610	0	0	2	200,000	0	0	92	7,863,610
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	34,750	5,060,575,533	0 (a)	0	114	431,400,553	0	0	34,864	5,491,976,086
21. Issued during year	5,924	261,635,000	0	0	0	0	0	0	5,924	261,635,000
22. Other changes to in force (Net)	(7,075)	(652,727,317)	0	0	(5)	(58,097,500)	0	0	(7,080)	(710,824,817)
23. In force December 31 of current year	33,599	4,669,483,216	0 (a)	0	109	373,303,053	0	0	33,708	5,042,786,269

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	959,190,604	951,878,870	0	701,699,977	674,138,703
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies (b)	540	377	0	758	758
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	0	0	0	0	15,279
25.2 Guaranteed renewable (b)	128,475,888	126,171,208	0	51,370,269	58,089,226
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	8,707,101	8,525,591	0	1,109,385	2,189,699
25.5 All other (b)	174,182,173	171,523,087	0	88,909,908	88,036,255
25.6 Totals (sum of Lines 25.1 to 25.5)	311,365,162	306,219,886	0	141,389,562	148,330,458
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,270,556,307	1,258,099,133	0	843,090,297	822,469,919

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 337,871 and number of persons insured under indemnity only products 93,180 .

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

INTEREST MAINTENANCE RESERVE		1 Amount
1. Reserve as of December 31, Prior Year		6,000,926
2. Current year's realized pre-tax capital gains/(losses) of \$ (183,850) transferred into the reserve net of taxes of \$ (38,609)		(145,241)
3. Adjustment for current year's liability gains/(losses) released from the reserve		0
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3)		5,855,685
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)		1,700,827
6. Reserve as of December 31, current year (Line 4 minus Line 5)		4,154,858

AMORTIZATION				
Year of Amortization	1 Reserve as of December 31, Prior Year	2 Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes	3 Adjustment for Current Year's Liability Gains/(Losses) Released From the Reserve	4 Balance Before Reduction for Current Year's Amortization (Cols. 1 + 2 + 3)
1. 2018	1,722,203	(21,376)	0	1,700,827
2. 2019	1,266,377	(32,489)	0	1,233,888
3. 2020	967,013	(20,286)	0	946,726
4. 2021	724,192	(17,531)	0	706,661
5. 2022	515,127	(14,765)	0	500,361
6. 2023	341,576	(11,944)	0	329,632
7. 2024	211,840	(9,394)	0	202,447
8. 2025	111,247	(7,515)	0	103,732
9. 2026	32,164	(5,480)	0	26,685
10. 2027	3,942	(3,366)	0	576
11. 2028	8,686	(1,095)	0	7,591
12. 2029	23,901	0	0	23,901
13. 2030	30,198	0	0	30,198
14. 2031	25,938	0	0	25,938
15. 2032	19,316	0	0	19,316
16. 2033	6,839	0	0	6,839
17. 2034	(6,196)	0	0	(6,196)
18. 2035	(5,240)	0	0	(5,240)
19. 2036	(306)	0	0	(306)
20. 2037	1,584	0	0	1,584
21. 2038	526	0	0	526
22. 2039	0	0	0	0
23. 2040	0	0	0	0
24. 2041	0	0	0	0
25. 2042	0	0	0	0
26. 2043	0	0	0	0
27. 2044	0	0	0	0
28. 2045	0	0	0	0
29. 2046	0	0	0	0
30. 2047	0	0	0	0
31. 2048 and Later		0	0	0
32. Total (Lines 1 to 31)	6,000,927	(145,241)	0	5,855,686

ASSET VALUATION RESERVE

	Default Component			Equity Component			7 Total Amount (Cols. 3 + 6)
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	
1. Reserve as of December 31, prior year	1,290,104	0	1,290,104	0	201,464	201,464	1,491,568
2. Realized capital gains/(losses) net of taxes - General Account			0		380,836	380,836	380,836
3. Realized capital gains/(losses) net of taxes - Separate Accounts			0			0	0
4. Unrealized capital gains/(losses) net of deferred taxes - General Account			0			0	0
5. Unrealized capital gains/(losses) net of deferred taxes - Separate Accounts			0			0	0
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves			0			0	0
7. Basic contribution	200,825	0	200,825	0	3,485	3,485	204,310
8. Accumulated balances (Lines 1 through 5 - 6 + 7)	1,490,929	0	1,490,929	0	585,785	585,785	2,076,714
9. Maximum reserve	1,274,263	0	1,274,263	0	179,018	179,018	1,453,281
10. Reserve objective	928,341	0	928,341	0	174,371	174,371	1,102,712
11. 20% of (Line 10 - Line 8)	(112,518)	0	(112,518)	0	(82,283)	(82,283)	(194,800)
12. Balance before transfers (Lines 8 + 11)	1,378,411	0	1,378,411	0	503,502	503,502	1,881,914
13. Transfers			0			0	0
14. Voluntary contribution			0			0	0
15. Adjustment down to maximum/up to zero	(104,148)		(104,148)		(324,484)	(324,484)	(428,632)
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	1,274,263	0	1,274,263	0	179,018	179,018	1,453,282

ASSET VALUATION RESERVE
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
DEFAULT COMPONENT

Line Number	NAIC Designation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols.4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
LONG-TERM BONDS												
1.		Exempt Obligations	48,590,942	XXX	XXX	48,590,942	0.0000	0	0.0000	0	0.0000	0
2.	1	Highest Quality	280,115,703	XXX	XXX	280,115,703	0.0004	112,046	0.0023	644,266	0.0030	840,347
3.	2	High Quality	41,595,738	XXX	XXX	41,595,738	0.0019	79,032	0.0058	241,255	0.0090	374,362
4.	3	Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
5.	4	Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
6.	5	Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
7.	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
8.		Total Unrated Multi-class Securities Acquired by Conversion ..		XXX	XXX	0	XXX	0	XXX	0	XXX	0
9.		Total Long-Term Bonds (Sum of Lines 1 through 8)	370,302,383	XXX	XXX	370,302,383	XXX	191,078	XXX	885,521	XXX	1,214,709
PREFERRED STOCK												
10.	1	Highest Quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
11.	2	High Quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
12.	3	Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
13.	4	Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
14.	5	Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
15.	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
16.		Affiliated Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
17.		Total Preferred Stocks (Sum of Lines 10 through 16)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
SHORT - TERM BONDS												
18.		Exempt Obligations	61,829,617	XXX	XXX	61,829,617	0.0000	0	0.0000	0	0.0000	0
19.	1	Highest Quality	12,109,567	XXX	XXX	12,109,567	0.0004	4,844	0.0023	27,852	0.0030	36,329
20.	2	High Quality	2,580,628	XXX	XXX	2,580,628	0.0019	4,903	0.0058	14,968	0.0090	23,226
21.	3	Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
22.	4	Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
23.	5	Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
24.	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
25.		Total Short - Term Bonds (Sum of Lines 18 through 24)	76,519,812	XXX	XXX	76,519,812	XXX	9,747	XXX	42,820	XXX	59,554
DERIVATIVE INSTRUMENTS												
26.		Exchange Traded		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
27.	1	Highest Quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
28.	2	High Quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
29.	3	Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
30.	4	Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
31.	5	Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
32.	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
33.		Total Derivative Instruments ..	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
34.		Total (Lines 9 + 17 + 25 + 33)	446,822,195	XXX	XXX	446,822,195	XXX	200,825	XXX	928,341	XXX	1,274,263

ASSET VALUATION RESERVE (Continued)
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
DEFAULT COMPONENT

Line Num- ber	NAIC Desig- nation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols.4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
		MORTGAGE LOANS										
		In Good Standing:										
35.		Farm Mortgages - CM1 - Highest Quality			XXX	0	0.0010	0	0.0050	0	0.0065	0
36.		Farm Mortgages - CM2 - High Quality			XXX	0	0.0035	0	0.0100	0	0.0130	0
37.		Farm Mortgages - CM3 - Medium Quality			XXX	0	0.0060	0	0.0175	0	0.0225	0
38.		Farm Mortgages - CM4 - Low Medium Quality			XXX	0	0.0105	0	0.0300	0	0.0375	0
39.		Farm Mortgages - CM5 - Low Quality			XXX	0	0.0160	0	0.0425	0	0.0550	0
40.		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0003	0	0.0006	0	0.0010	0
41.		Residential Mortgages - All Other			XXX	0	0.0013	0	0.0030	0	0.0040	0
42.		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0003	0	0.0006	0	0.0010	0
43.		Commercial Mortgages - All Other - CM1 - Highest Quality			XXX	0	0.0010	0	0.0050	0	0.0065	0
44.		Commercial Mortgages - All Other - CM2 - High Quality			XXX	0	0.0035	0	0.0100	0	0.0130	0
45.		Commercial Mortgages - All Other - CM3 - Medium Quality			XXX	0	0.0060	0	0.0175	0	0.0225	0
46.		Commercial Mortgages - All Other - CM4 - Low Medium Quality			XXX	0	0.0105	0	0.0300	0	0.0375	0
47.		Commercial Mortgages - All Other - CM5 - Low Quality			XXX	0	0.0160	0	0.0425	0	0.0550	0
		Overdue, Not in Process:										
48.		Farm Mortgages			XXX	0	0.0420	0	0.0760	0	0.1200	0
49.		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0005	0	0.0012	0	0.0020	0
50.		Residential Mortgages - All Other			XXX	0	0.0025	0	0.0058	0	0.0090	0
51.		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0005	0	0.0012	0	0.0020	0
52.		Commercial Mortgages - All Other			XXX	0	0.0420	0	0.0760	0	0.1200	0
		In Process of Foreclosure:										
53.		Farm Mortgages			XXX	0	0.0000	0	0.1700	0	0.1700	0
54.		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0000	0	0.0040	0	0.0040	0
55.		Residential Mortgages - All Other			XXX	0	0.0000	0	0.0130	0	0.0130	0
56.		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0000	0	0.0040	0	0.0040	0
57.		Commercial Mortgages - All Other			XXX	0	0.0000	0	0.1700	0	0.1700	0
58.		Total Schedule B Mortgages (Sum of Lines 35 through 57)	0	0	XXX	0	XXX	0	XXX	0	XXX	0
59.		Schedule DA Mortgages			XXX	0	0.0030	0	0.0100	0	0.0130	0
60.		Total Mortgage Loans on Real Estate (Lines 58 + 59)	0	0	XXX	0	XXX	0	XXX	0	XXX	0

ASSET VALUATION RESERVE
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
EQUITY AND OTHER INVESTED ASSET COMPONENT

Line Num- ber	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols.4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
COMMON STOCK												
1.		Unaffiliated - Public		XXX	XXX	0	0.0000	0	0.1300 (a)	0	0.1300 (a)	0
2.		Unaffiliated - Private		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
3.		Federal Home Loan Bank		XXX	XXX	0	0.0000	0	0.0050	0	0.0080	0
4.		Affiliated - Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
Affiliated - Investment Subsidiary:												
5.		Fixed Income - Exempt Obligations				0	XXX		XXX		XXX	
6.		Fixed Income - Highest Quality				0	XXX		XXX		XXX	
7.		Fixed Income - High Quality				0	XXX		XXX		XXX	
8.		Fixed Income - Medium Quality				0	XXX		XXX		XXX	
9.		Fixed Income - Low Quality				0	XXX		XXX		XXX	
10.		Fixed Income - Lower Quality				0	XXX		XXX		XXX	
11.		Fixed Income - In/Near Default				0	XXX		XXX		XXX	
12.		Unaffiliated Common Stock - Public				0	0.0000	0	0.1300 (a)	0	0.1300 (a)	0
13.		Unaffiliated Common Stock - Private				0	0.0000	0	0.1600	0	0.1600	0
14.		Real Estate				0	(b)	0	(b)	0	(b)	0
15.		Affiliated - Certain Other (See SVO Purposes and Procedures Manual)		XXX	XXX	0	0.0000	0	0.1300	0	0.1300	0
16.		Affiliated - All Other		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
17.		Total Common Stock (Sum of Lines 1 through 16)	0	0	0	0	XXX	0	XXX	0	XXX	0
REAL ESTATE												
18.		Home Office Property (General Account only)	2,232,016			2,232,016	0.0000	0	0.0750	167,401	0.0750	167,401
19.		Investment Properties				0	0.0000	0	0.0750	0	0.0750	0
20.		Properties Acquired in Satisfaction of Debt				0	0.0000	0	0.1100	0	0.1100	0
21.		Total Real Estate (Sum of Lines 18 through 20)	2,232,016	0	0	2,232,016	XXX	0	XXX	167,401	XXX	167,401
OTHER INVESTED ASSETS												
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS												
22.		Exempt Obligations		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
23.	1	Highest Quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
24.	2	High Quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
25.	3	Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
26.	4	Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
27.	5	Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
28.	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
29.		Total with Bond Characteristics (Sum of Lines 22 through 28)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0

ASSET VALUATION RESERVE (Continued)
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
EQUITY AND OTHER INVESTED ASSET COMPONENT

Line Num- ber	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols.4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS												
30.	1	Highest Quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
31.	2	High Quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
32.	3	Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
33.	4	Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
34.	5	Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
35.	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
36.		Affiliated Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
37.		Total with Preferred Stock Characteristics (Sum of Lines 30 through 36)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS												
In Good Standing Affiliated:												
38.		Mortgages - CM1 - Highest Quality			XXX	0	0.0010	0	0.0050	0	0.0065	0
39.		Mortgages - CM2 - High Quality			XXX	0	0.0035	0	0.0100	0	0.0130	0
40.		Mortgages - CM3 - Medium Quality			XXX	0	0.0060	0	0.0175	0	0.0225	0
41.		Mortgages - CM4 - Low Medium Quality			XXX	0	0.0105	0	0.0300	0	0.0375	0
42.		Mortgages - CM5 - Low Quality			XXX	0	0.0160	0	0.0425	0	0.0550	0
43.		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0003	0	0.0006	0	0.0010	0
44.		Residential Mortgages - All Other		XXX	XXX	0	0.0013	0	0.0030	0	0.0040	0
45.		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0003	0	0.0006	0	0.0010	0
Overdue, Not in Process Affiliated:												
46.		Farm Mortgages			XXX	0	0.0420	0	0.0760	0	0.1200	0
47.		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0005	0	0.0012	0	0.0020	0
48.		Residential Mortgages - All Other			XXX	0	0.0025	0	0.0058	0	0.0090	0
49.		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0005	0	0.0012	0	0.0020	0
50.		Commercial Mortgages - All Other			XXX	0	0.0420	0	0.0760	0	0.1200	0
In Process of Foreclosure Affiliated:												
51.		Farm Mortgages			XXX	0	0.0000	0	0.1700	0	0.1700	0
52.		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0000	0	0.0040	0	0.0040	0
53.		Residential Mortgages - All Other			XXX	0	0.0000	0	0.0130	0	0.0130	0
54.		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0000	0	0.0040	0	0.0040	0
55.		Commercial Mortgages - All Other			XXX	0	0.0000	0	0.1700	0	0.1700	0
56.		Total Affiliated (Sum of Lines 38 through 55)	0	0	XXX	0	XXX	0	XXX	0	XXX	0
57.		Unaffiliated - In Good Standing With Covenants			XXX	0	(c)	0	(c)	0	(c)	0
58.		Unaffiliated - In Good Standing Defeased With Government Securities			XXX	0	0.0010	0	0.0050	0	0.0065	0
59.		Unaffiliated - In Good Standing Primarily Senior			XXX	0	0.0035	0	0.0010	0	0.0130	0
60.		Unaffiliated - In Good Standing All Other			XXX	0	0.0060	0	0.0175	0	0.0225	0
61.		Unaffiliated - Overdue, Not in Process			XXX	0	0.0420	0	0.0760	0	0.1200	0
62.		Unaffiliated - In Process of Foreclosure			XXX	0	0.0000	0	0.1700	0	0.1700	0
63.		Total Unaffiliated (Sum of Lines 57 through 62)	0	0	XXX	0	XXX	0	XXX	0	XXX	0
64.		Total with Mortgage Loan Characteristics (Lines 56 + 63)	0	0	XXX	0	XXX	0	XXX	0	XXX	0

ASSET VALUATION RESERVE (Continued)
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
EQUITY AND OTHER INVESTED ASSET COMPONENT

Line Num- ber	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK												
65.		Unaffiliated Public		XXX	XXX	0	0.0000	0	0.1300 (a)	0	0.1300 (a)	0
66.		Unaffiliated Private		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
67.		Affiliated Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
68.		Affiliated Certain Other (See SVO Purposes & Procedures Manual)		XXX	XXX	0	0.0000	0	0.1300	0	0.1300	0
69.		Affiliated Other - All Other		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
70.		Total with Common Stock Characteristics (Sum of Lines 65 through 69)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE												
71.		Home Office Property (General Account only)				0	0.0000	0	0.0750	0	0.0750	0
72.		Investment Properties				0	0.0000	0	0.0750	0	0.0750	0
73.		Properties Acquired in Satisfaction of Debt				0	0.0000	0	0.1100	0	0.1100	0
74.		Total with Real Estate Characteristics (Sum of Lines 71 through 73)	0	0	0	0	XXX	0	XXX	0	XXX	0
LOW INCOME HOUSING TAX CREDIT INVESTMENTS												
75.		Guaranteed Federal Low Income Housing Tax Credit	11,616,984			11,616,984	0.0003	3,485	0.0006	6,970	0.0010	11,617
76.		Non-guaranteed Federal Low Income Housing Tax Credit	0			0	0.0063	0	0.0120	0	0.0190	0
77.		Guaranteed State Low Income Housing Tax Credit	0			0	0.0003	0	0.0006	0	0.0010	0
78.		Non-guaranteed State Low Income Housing Tax Credit	0			0	0.0063	0	0.0120	0	0.0190	0
79.		All Other Low Income Housing Tax Credit	0			0	0.0273	0	0.0600	0	0.0975	0
80.		Total LIHTC (Sum of Lines 75 through 79)	11,616,984	0	0	11,616,984	XXX	3,485	XXX	6,970	XXX	11,617
ALL OTHER INVESTMENTS												
81.		NAIC 1 Working Capital Finance Investments		XXX		0	0.0000	0	0.0037	0	0.0037	0
82.		NAIC 2 Working Capital Finance Investments		XXX		0	0.0000	0	0.0120	0	0.0120	0
83.		Other Invested Assets - Schedule BA		XXX		0	0.0000	0	0.1300	0	0.1300	0
84.		Other Short-Term Invested Assets - Schedule DA		XXX		0	0.0000	0	0.1300	0	0.1300	0
85.		Total All Other (Sum of Lines 81, 82, 83 and 84)	0	XXX	0	0	XXX	0	XXX	0	XXX	0
86.		Total Other Invested Assets - Schedules BA & DA (Sum of Lines 29, 37, 64, 70, 74, 80 and 85)	11,616,984	0	0	11,616,984	XXX	3,485	XXX	6,970	XXX	11,617

(a) Times the company's weighted average portfolio beta (Minimum .10, Maximum .20).
(b) Determined using the same factors and breakdowns used for directly owned real estate.
(c) This will be the factor associated with the risk category determined in the company generated worksheet.

Asset Valuation Reserve Replications (Synthetic) Assets

N O N E

Schedule F - Claims

N O N E

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

	Total		Group Accident and Health		Credit Accident and Health (Group and Individual)		Collectively Renewable		Other Individual Contracts									
									Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
PART 1. - ANALYSIS OF UNDERWRITING OPERATIONS																		
1. Premiums written	1,260,148,629	XXX	950,140,476	XXX		XXX	524	XXX		XXX	129,066,195	XXX		XXX	8,749,404	XXX	172,192,030	XXX
2. Premiums earned	1,258,099,133	XXX	951,878,870	XXX		XXX	377	XXX		XXX	126,171,208	XXX		XXX	8,525,591	XXX	171,523,087	XXX
3. Incurred claims	823,511,422	65.5	674,153,537	70.8	0	0.0	758	201.1	0	0.0	59,369,468	47.1	0	0.0	2,189,699	25.7	87,797,960	51.2
4. Cost containment expenses	15,745,319	1.3	12,323,168	1.3		0.0	4	1.1		0.0	1,364,133	1.1		0.0	92,344	1.1	1,965,670	1.1
5. Incurred claims and cost containment expenses (Lines 3 and 4)	839,256,741	66.7	686,476,705	72.1	0	0.0	762	202.1	0	0.0	60,733,601	48.1	0	0.0	2,282,043	26.8	89,763,630	52.3
6. Increase in contract reserves	(1,056,783)	(0.1)	(14,834)	0.0	0	0.0	0	0.0	0	0.0	(1,280,243)	(1.0)	0	0.0	0	0.0	238,294	0.1
7. Commissions (a)	86,375,162	6.9	33,464,853	3.5		0.0	0	0.0		0.0	31,131,285	24.7		0.0	1,195,662	14.0	20,583,362	12.0
8. Other general insurance expenses	126,393,399	10.0	96,660,918	10.2		0.0	50	13.3		0.0	11,884,750	9.4		0.0	837,984	9.8	17,009,697	9.9
9. Taxes, licenses and fees	52,770,147	4.2	41,258,443	4.3		0.0	(26)	(6.9)		0.0	5,263,979	4.2		0.0	184,709	2.2	6,063,042	3.5
10. Total other expenses incurred	265,538,708	21.1	171,384,214	18.0	0	0.0	24	6.4	0	0.0	48,280,014	38.3	0	0.0	2,218,355	26.0	43,656,101	25.5
11. Aggregate write-ins for deductions	5,344	0.0	4,043	0.0	0	0.0	0	0.0	0	0.0	536	0.0	0	0.0	36	0.0	729	0.0
12. Gain from underwriting before dividends or refunds	154,355,123	12.3	94,028,742	9.9	0	0.0	(409)	(108.5)	0	0.0	18,437,300	14.6	0	0.0	4,025,157	47.2	37,864,333	22.1
13. Dividends or refunds	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
14. Gain from underwriting after dividends or refunds	154,355,123	12.3	94,028,742	9.9	0	0.0	(409)	(108.5)	0	0.0	18,437,300	14.6	0	0.0	4,025,157	47.2	37,864,333	22.1
DETAILS OF WRITE-INS																		
1101. Aggregate Write-Ins for Deductions	5,344	0.0	4,043	0.0		0.0		0.0		0.0	536	0.0		0.0	36	0.0	729	0.0
1102.																		
1103.																		
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	5,344	0.0	4,043	0.0	0	0.0	0	0.0	0	0.0	536	0.0	0	0.0	36	0.0	729	0.0

(a) Includes \$ reported as "Contract, membership and other fees retained by agents."

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)

	1	2	3	4	Other Individual Contracts				
					5	6	7	8	9
	Total	Group Accident and Health	Credit Accident and Health (Group and Individual)	Collectively Renewable	Non-Cancelable	Guaranteed Renewable	Non-Renewable for Stated Reasons Only	Other Accident Only	All Other
PART 2. - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums	53,728,790	40,196,057	0	12	0	5,765,816	0	389,403	7,377,502
2. Advance premiums	23,376,396	18,631,558	0	84	0	900,414	0	39,753	3,804,587
3. Reserve for rate credits	2,469,557	2,220,886	0	(20)	0	226,099	0	0	22,592
4. Total premium reserves, current year	79,574,743	61,048,501	0	76	0	6,892,329	0	429,156	11,204,681
5. Total premium reserves, prior year	66,633,107	54,404,599	0	(92)	0	3,617,530	0	178,645	8,432,425
6. Increase in total premium reserves	12,941,636	6,643,902	0	168	0	3,274,799	0	250,511	2,772,256
B. Contract Reserves:									
1. Additional reserves (a)	7,898,739	100,573				7,063,418			734,748
2. Reserve for future contingent benefits	0								
3. Total contract reserves, current year	7,898,739	100,573	0	0	0	7,063,418	0	0	734,748
4. Total contract reserves, prior year	8,955,522	115,407	0	0	0	8,343,661	0	0	496,454
5. Increase in contract reserves	(1,056,783)	(14,834)	0	0	0	(1,280,243)	0	0	238,294
C. Claim Reserves and Liabilities:									
1. Total current year	132,522,686	103,388,030	0	0	0	15,364,510	0	1,905,047	11,865,099
2. Total prior year	152,101,561	130,934,470	0	0	0	7,365,311	0	824,733	12,977,047
3. Increase	(19,578,875)	(27,546,440)	0	0	0	7,999,199	0	1,080,314	(1,111,948)

PART 3. - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES									
1. Claims paid during the year:									
1.1 On claims incurred prior to current year	99,126,097	83,198,912	0	758	0	6,862,424	0	95,307	8,968,696
1.2 On claims incurred during current year	743,964,200	618,501,065	0	0	0	44,507,845	0	1,014,078	79,941,212
2. Claim reserves and liabilities, December 31, current year:									
2.1 On claims incurred prior to current year	475,603	487,901	0	0	0	14,779	0	82	(27,159)
2.2 On claims incurred during current year	132,047,083	102,900,129	0	0	0	15,349,731	0	1,904,965	11,892,258
3. Test:									
3.1 Lines 1.1 and 2.1	99,601,700	83,686,813	0	758	0	6,877,203	0	95,389	8,941,537
3.2 Claim reserves and liabilities, December 31, prior year	152,101,561	130,934,470	0	0	0	7,365,311	0	824,733	12,977,047
3.3 Line 3.1 minus Line 3.2	(52,499,861)	(47,247,657)	0	758	0	(488,108)	0	(729,344)	(4,035,510)

PART 4. - REINSURANCE									
A. Reinsurance Assumed:									
1. Premiums written	0								
2. Premiums earned	0								
3. Incurred claims	0								
4. Commissions	0	0	0						
B. Reinsurance Ceded:									
1. Premiums written	0								
2. Premiums earned	0								
3. Incurred claims	0								
4. Commissions	0	0	0						

(a) Includes \$ premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred Claims	777,542,012	32,758,853	13,210,558	823,511,423
2. Beginning Claim Reserves and Liabilities	146,838,163	1,111,145	4,152,254	152,101,562
3. Ending Claim Reserves and Liabilities	125,850,694	1,494,634	5,177,361	132,522,689
4. Claims Paid	798,529,481	32,375,364	12,185,451	843,090,296
B. Assumed Reinsurance:				
5. Incurred Claims.....				0
6. Beginning Claim Reserves and Liabilities	0	0	0	0
7. Ending Claim Reserves and Liabilities				0
8. Claims Paid	0	0	0	0
C. Ceded Reinsurance:				
9. Incurred Claims.....				0
10. Beginning Claim Reserves and Liabilities	322,819	0	0	322,819
11. Ending Claim Reserves and Liabilities	9,273	0	0	9,273
12. Claims Paid	313,546	0	0	313,546
D. Net:				
13. Incurred Claims.....	777,542,012	32,758,853	13,210,558	823,511,423
14. Beginning Claim Reserves and Liabilities	146,515,344	1,111,145	4,152,254	151,778,743
15. Ending Claim Reserves and Liabilities	125,841,421	1,494,634	5,177,361	132,513,416
16. Claims Paid	798,215,935	32,375,364	12,185,451	842,776,750
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred Claims and Cost Containment Expenses	793,287,332	32,758,853	13,210,558	839,256,743
18. Beginning Reserves and Liabilities	146,785,091	1,111,145	4,152,254	152,048,490
19. Ending Reserves and Liabilities	126,003,699	1,494,634	5,177,361	132,675,694
20. Paid Claims and Cost Containment Expenses	814,068,724	32,375,364	12,185,451	858,629,539

Schedule S - Part 1 - Section 1
N O N E

Schedule S - Part 1 - Section 2
N O N E

SCHEDULE S - PART 2

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

SCHEDULE S - PART 3 - SECTION 1

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities Without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount in Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9	10		12	13		
								Current Year	Prior Year		Current Year	Prior Year		
0399999. Total General Account - Authorized U.S. Affiliates							0	0	0	0	0	0	0	0
0699999. Total General Account - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0	0
0799999. Total General Account - Authorized Affiliates							0	0	0	0	0	0	0	0
69116	35-0684263	10/01/2005	The State Life Insurance Company	IN	CO/I	XXXL	1,127,650,000	25,035,228	30,253,741	2,862,003	907,116	1,098,088	0	0
69116	35-0684263	10/01/2005	The State Life Insurance Company	IN	CO/I	SC	0	1,371,611	1,522,168	0	0	0	0	0
69116	35-0684263	10/01/2005	The State Life Insurance Company	IN	CO/I	QL	3,282,488,102	1,191,755,782	1,224,804,311	21,096,961	7,372,934	8,925,131	0	0
69116	35-0684263	10/01/2005	The State Life Insurance Company	IN	CO/I	FA	0	381,230,440	417,294,105	1,798,047	266,105	322,127	0	0
0899999. General Account - Authorized U.S. Non-Affiliates							4,410,138,102	1,599,393,061	1,673,874,325	25,757,011	8,546,155	10,345,346	0	0
1099999. Total General Account - Authorized Non-Affiliates							4,410,138,102	1,599,393,061	1,673,874,325	25,757,011	8,546,155	10,345,346	0	0
1199999. Total General Account Authorized							4,410,138,102	1,599,393,061	1,673,874,325	25,757,011	8,546,155	10,345,346	0	0
1499999. Total General Account - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0	0
1799999. Total General Account - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0	0
1899999. Total General Account - Unauthorized Affiliates							0	0	0	0	0	0	0	0
2199999. Total General Account - Unauthorized Non-Affiliates							0	0	0	0	0	0	0	0
2299999. Total General Account Unauthorized							0	0	0	0	0	0	0	0
2599999. Total General Account - Certified U.S. Affiliates							0	0	0	0	0	0	0	0
2899999. Total General Account - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0	0
2999999. Total General Account - Certified Affiliates							0	0	0	0	0	0	0	0
3299999. Total General Account - Certified Non-Affiliates							0	0	0	0	0	0	0	0
3399999. Total General Account Certified							0	0	0	0	0	0	0	0
3499999. Total General Account Authorized, Unauthorized and Certified							4,410,138,102	1,599,393,061	1,673,874,325	25,757,011	8,546,155	10,345,346	0	0
3799999. Total Separate Accounts - Authorized U.S. Affiliates							0	0	0	0	0	0	0	0
4099999. Total Separate Accounts - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0	0
4199999. Total Separate Accounts - Authorized Affiliates							0	0	0	0	0	0	0	0
4499999. Total Separate Accounts - Authorized Non-Affiliates							0	0	0	0	0	0	0	0
4599999. Total Separate Accounts Authorized							0	0	0	0	0	0	0	0
4899999. Total Separate Accounts - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0	0
5199999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0	0
5299999. Total Separate Accounts - Unauthorized Affiliates							0	0	0	0	0	0	0	0
5599999. Total Separate Accounts - Unauthorized Non-Affiliates							0	0	0	0	0	0	0	0
5699999. Total Separate Accounts Unauthorized							0	0	0	0	0	0	0	0
5999999. Total Separate Accounts - Certified U.S. Affiliates							0	0	0	0	0	0	0	0
6299999. Total Separate Accounts - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0	0
6399999. Total Separate Accounts - Certified Affiliates							0	0	0	0	0	0	0	0
6699999. Total Separate Accounts - Certified Non-Affiliates							0	0	0	0	0	0	0	0
6799999. Total Separate Accounts Certified							0	0	0	0	0	0	0	0
6899999. Total Separate Accounts Authorized, Unauthorized and Certified							0	0	0	0	0	0	0	0
6999999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							4,410,138,102	1,599,393,061	1,673,874,325	25,757,011	8,546,155	10,345,346	0	0
7099999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)							0	0	0	0	0	0	0	0
9999999 - Totals							4,410,138,102	1,599,393,061	1,673,874,325	25,757,011	8,546,155	10,345,346	0	0

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
0399999. Total General Account - Authorized U.S. Affiliates							0	0	0	0	0	0	0
0699999. Total General Account - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
0799999. Total General Account - Authorized Affiliates							0	0	0	0	0	0	0
69116	35-0684263	10/01/2005	The State Life Insurance Company	IN	OTH/I	LTC	0	0	709,980	0	0	0	0
0899999. General Account - Authorized U.S. Non-Affiliates							0	0	709,980	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates							0	0	709,980	0	0	0	0
1199999. Total General Account Authorized							0	0	709,980	0	0	0	0
1499999. Total General Account - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
1799999. Total General Account - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
1899999. Total General Account - Unauthorized Affiliates							0	0	0	0	0	0	0
2199999. Total General Account - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
2299999. Total General Account Unauthorized							0	0	0	0	0	0	0
2599999. Total General Account - Certified U.S. Affiliates							0	0	0	0	0	0	0
2899999. Total General Account - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
2999999. Total General Account - Certified Affiliates							0	0	0	0	0	0	0
3299999. Total General Account - Certified Non-Affiliates							0	0	0	0	0	0	0
3399999. Total General Account Certified							0	0	0	0	0	0	0
3499999. Total General Account Authorized, Unauthorized and Certified							0	0	709,980	0	0	0	0
3799999. Total Separate Accounts - Authorized U.S. Affiliates							0	0	0	0	0	0	0
4099999. Total Separate Accounts - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
4199999. Total Separate Accounts - Authorized Affiliates							0	0	0	0	0	0	0
4499999. Total Separate Accounts - Authorized Non-Affiliates							0	0	0	0	0	0	0
4599999. Total Separate Accounts Authorized							0	0	0	0	0	0	0
4899999. Total Separate Accounts - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
5199999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
5299999. Total Separate Accounts - Unauthorized Affiliates							0	0	0	0	0	0	0
5599999. Total Separate Accounts - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
5699999. Total Separate Accounts Unauthorized							0	0	0	0	0	0	0
5999999. Total Separate Accounts - Certified U.S. Affiliates							0	0	0	0	0	0	0
6299999. Total Separate Accounts - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
6399999. Total Separate Accounts - Certified Affiliates							0	0	0	0	0	0	0
6699999. Total Separate Accounts - Certified Non-Affiliates							0	0	0	0	0	0	0
6799999. Total Separate Accounts Certified							0	0	0	0	0	0	0
6899999. Total Separate Accounts Authorized, Unauthorized and Certified							0	0	0	0	0	0	0
6999999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							0	0	709,980	0	0	0	0
7099999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)							0	0	0	0	0	0	0
9999999 - Totals							0	0	709,980	0	0	0	0

Schedule S - Part 4

N O N E

Schedule S - Part 4 - Bank Footnote

N O N E

Schedule S - Part 5

N O N E

Schedule S - Part 5 - Bank Footnote

N O N E

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

SCHEDULE S - PART 6

Five Year Exhibit of Reinsurance Ceded Business
(\$000 Omitted)

	1 2018	2 2017	3 2016	4 2015	5 2014
A. OPERATIONS ITEMS					
1. Premiums and annuity considerations for life and accident and health contracts	25,757	28,526	31,878	35,381	38,723
2. Commissions and reinsurance expense allowances	2,751	2,689	3,567	3,233	3,416
3. Contract claims	105,069	99,874	94,604	90,431	78,123
4. Surrender benefits and withdrawals for life contracts	37,428	37,864	38,579	43,473	48,187
5. Dividends to policyholders	86	88	94	105	114
6. Reserve adjustments on reinsurance ceded	0	0	0	0	0
7. Increase in aggregate reserve for life and accident and health contracts	(74,466)	(50,689)	(53,442)	(46,583)	(38,016)
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected	0	0	98	180	0
9. Aggregate reserves for life and accident and health contracts	1,598,350	1,672,310	1,722,889	1,776,171	1,825,283
10. Liability for deposit-type contracts	1,753	2,259	2,369	2,528	2,788
11. Contract claims unpaid	9,184	8,832	6,913	8,420	9,998
12. Amounts recoverable on reinsurance	9	323	1,373	2,275	75
13. Experience rating refunds due or unpaid	528	528	562	577	752
14. Policyholders' dividends (not included in Line 10)					
15. Commissions and reinsurance expense allowances due					
16. Unauthorized reinsurance offset	0	0	0	0	0
17. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
18. Funds deposited by and withheld from (F)	0	0	0	0	0
19. Letters of credit (L)	0	0	0	0	0
20. Trust agreements (T)	0	0	0	0	0
21. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
22. Multiple Beneficiary Trust					
23. Funds deposited by and withheld from (F)					
24. Letters of credit (L)					
25. Trust agreements (T)					
26. Other (O)					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	470,101,826		470,101,826
2. Reinsurance (Line 16)	537,383	(537,383)	0
3. Premiums and considerations (Line 15)	11,424,207	0	11,424,207
4. Net credit for ceded reinsurance	XXX	1,609,824,853	1,609,824,853
5. All other admitted assets (balance)	40,546,912		40,546,912
6. Total assets excluding Separate Accounts (Line 26)	522,610,328	1,609,287,470	2,131,897,798
7. Separate Account assets (Line 27)	0		0
8. Total assets (Line 28)	522,610,328	1,609,287,470	2,131,897,798
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2)	64,061,483	1,598,350,371	1,662,411,854
10. Liability for deposit-type contracts (Line 3)	0	1,752,671	1,752,671
11. Claim reserves (Line 4)	131,403,301	9,184,428	140,587,729
12. Policyholder dividends/reserves (Lines 5 through 7)	0		0
13. Premium & annuity considerations received in advance (Line 8)	23,390,858		23,390,858
14. Other contract liabilities (Line 9)	6,624,416		6,624,416
15. Reinsurance in unauthorized companies (Line 24.02 minus inset amount)	0	0	0
16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount)	0		0
17. Reinsurance with Certified Reinsurers (Line 24.02 inset amount)	0		0
18. Funds held under reinsurance treaties with Certified Reinsurers (Line 24.03 inset amount)			0
19. All other liabilities (balance)	55,096,125		55,096,125
20. Total liabilities excluding Separate Accounts (Line 26)	280,576,183	1,609,287,470	1,889,863,653
21. Separate Account liabilities (Line 27)			0
22. Total liabilities (Line 28)	280,576,183	1,609,287,470	1,889,863,653
23. Capital & surplus (Line 38)	242,034,145	XXX	242,034,145
24. Total liabilities, capital & surplus (Line 39)	522,610,328	1,609,287,470	2,131,897,798
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves	1,598,350,371		
26. Claim reserves	9,184,428		
27. Policyholder dividends/reserves	0		
28. Premium & annuity considerations received in advance	0		
29. Liability for deposit-type contracts	1,752,671		
30. Other contract liabilities	0		
31. Reinsurance ceded assets	537,383		
32. Other ceded reinsurance recoverables	0		
33. Total ceded reinsurance recoverables	1,609,824,853		
34. Premiums and considerations	0		
35. Reinsurance in unauthorized companies	0		
36. Funds held under reinsurance treaties with unauthorized reinsurers	0		
37. Reinsurance with Certified Reinsurers	0		
38. Funds held under reinsurance treaties with Certified Reinsurers	0		
39. Other ceded reinsurance payables/offsets	0		
40. Total ceded reinsurance payable/offsets	0		
41. Total net credit for ceded reinsurance	1,609,824,853		

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

			Direct Business Only				
			1	2	3	4	5
States, Etc.			Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts
							Totals
1.	Alabama	AL	337,210	11,600			.0
2.	Alaska	AK	17,322	7,199			.0
3.	Arizona	AZ	581,036	48,912	4,345		.0
4.	Arkansas	AR	371,186	36,646			.0
5.	California	CA	1,054,700	148,342			.0
6.	Colorado	CO	563,173	12,454			.0
7.	Connecticut	CT	566,035	49,004			.0
8.	Delaware	DE	120,801	3,876			.0
9.	District of Columbia	DC	44,570	.0			.0
10.	Florida	FL	2,058,423	155,855	47,390		.0
11.	Georgia	GA	780,074	18,121			.0
12.	Hawaii	HI	114,783	6,304			.0
13.	Idaho	ID	36,320	13,017			.0
14.	Illinois	IL	2,270,045	201,833			.0
15.	Indiana	IN	1,002,688	121,478	6,125		.0
16.	Iowa	IA	515,051	30,372			.0
17.	Kansas	KS	141,110	11,578			.0
18.	Kentucky	KY	686,982	3,641			.0
19.	Louisiana	LA	369,358	31,385			.0
20.	Maine	ME	132,000	.0			.0
21.	Maryland	MD	650,367	29,831			.0
22.	Massachusetts	MA	147,361	40,421			.0
23.	Michigan	MI	1,334,010	102,545	10,468		.0
24.	Minnesota	MN	410,868	52,572			.0
25.	Mississippi	MS	219,408	22,193			.0
26.	Missouri	MO	1,134,522	70,010	8,532		.0
27.	Montana	MT	4,173	.0			.0
28.	Nebraska	NE	269,699	18,164			.0
29.	Nevada	NV	75,450	5,280			.0
30.	New Hampshire	NH	191,649	6,976			.0
31.	New Jersey	NJ	54,157	9,714			.0
32.	New Mexico	NM	51,488	13,005			.0
33.	New York	NY	32,140	3,809			.0
34.	North Carolina	NC	718,728	36,137			.0
35.	North Dakota	ND	72,593	.0			.0
36.	Ohio	OH	1,199,026	99,898			.0
37.	Oklahoma	OK	279,090	14,176			.0
38.	Oregon	OR	104,328	3,669			.0
39.	Pennsylvania	PA	950,691	5,958	11,617		.0
40.	Rhode Island	RI	46,758	1,625			.0
41.	South Carolina	SC	380,092	18,610			.0
42.	South Dakota	SD	207,253	2,000			.0
43.	Tennessee	TN	1,032,314	27,318			.0
44.	Texas	TX	2,177,029	196,575	38,781		.0
45.	Utah	UT	88,324	.0			.0
46.	Vermont	VT	40,860	.0			.0
47.	Virginia	VA	868,064	50,077			.0
48.	Washington	WA	180,042	3,502			.0
49.	West Virginia	WV	212,977	17,404			.0
50.	Wisconsin	WI	1,123,532	34,964	9,814		.0
51.	Wyoming	WY	23,439	.0			.0
52.	American Samoa	AS	.0	.0			.0
53.	Guam	GU	.0	.0			.0
54.	Puerto Rico	PR	.0	.0			.0
55.	U.S. Virgin Islands	VI	.0	.0			.0
56.	Northern Mariana Islands	MP	.0	.0			.0
57.	Canada	CAN	.0	.0			.0
58.	Aggregate Other Alien	OT	5,060	.0			.0
59.	Total		26,048,360	1,798,047	137,072	0	0
							27,983,480

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
		.00000	98-1308130				1070715 B.C. Unlimited Liability Company .....	.CAN	NIA	OptumRx Group Holdings, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	27-2624551				310 Canyon Medical, LLC .....	.CA	NIA	Monarch Management Services, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	35-2607738				5995 Minnetonka, LLC .....	.DE	NIA	UnitedHealthcare Insurance Company	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	98-1401978				ABCO India Private Limited .....	.IND	NIA	ABCO International Holdings, LLC	Ownership.....	99.065	UnitedHealth Group Incorporated		
		.00000	98-1401978				ABCO India Private Limited .....	.IND	NIA	The Advisory Board Company	Ownership.....	0.935	UnitedHealth Group Incorporated		
		.00000					ABCO International Holdings, LLC .....	.DE	NIA	The Advisory Board Company	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	41-1913523				ACN Group IPA of New York, Inc. ....	.NY	NIA	OptumHealth Care Solutions, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	27-0015861				ACN Group of California, Inc. ....	.CA	IA	OptumHealth Care Solutions, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	98-1446128				Administradora Clínica La Colina S.A.S. ....	.COL	NIA	Banmédica Internacional SpA	Ownership.....	50.000	UnitedHealth Group Incorporated .....		.1
		.00000	98-1446125				Administradora Country S.A. ....	.COL	NIA	Banmédica S.A.	Ownership.....	50.000	UnitedHealth Group Incorporated .....		.1
		.00000	98-1451601				Administradora Médica Centromed S.A. ....	.CHL	NIA	Vidaintegra S.A.	Ownership.....	74.250	UnitedHealth Group Incorporated .....		.2
		.00000	20-2598653				Advanced Pharma, Inc. ....	.TX	NIA	Apothecary Holdings, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	26-4093335				Advanced Surgical Hospital, LLC .....	.PA	NIA	SCA Southwestern PA, LLC	Ownership.....	51.000	UnitedHealth Group Incorporated .....		.2
							Advocate Condell Ambulatory Surgery Center, LLC .....	.IL	NIA	Advocate-SCA Partners, LLC	Ownership.....	59.645	UnitedHealth Group Incorporated .....		.2
		.00000	47-5337115				Advocate Sherman Ambulatory Surgery Center, LLC .....	.IL	NIA	Advocate-SCA Partners, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
							Advocate Southwest Ambulatory Surgery Center, LLC .....	.IL	NIA	Advocate-SCA Partners, LLC	Ownership.....	51.000	UnitedHealth Group Incorporated .....		.2
		.00000	36-4437931				Advocate-SCA Partners, LLC .....	.DE	NIA	SCA-Illinois, LLC	Ownership.....	51.000	UnitedHealth Group Incorporated .....		.2
			47-4012497				Aeromil Taxi Aéreo Ltda. ....	.BRA	NIA	Anil Assistência Médica Internacional S.A.	Influence.....	20.000	UnitedHealth Group Incorporated .....		.5
		.00000	45-4171713				AHN Accountable Care Organization, LLC .....	.IN	DS	American Health Network of Indiana, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated	N	
		.00000	35-2109566				AHN Central Services, LLC .....	.IN	NIA	AHN Target Holdings, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	35-2582899				AHN Target Holdings, LLC .....	.DE	UDP	Collaborative Care Holdings, LLC	Ownership.....	80.100	UnitedHealth Group Incorporated .....		.2
							Alaska Spine Center, LLC .....	.AK	NIA	Alaska Surgery Center, Limited Partnership	Influence.....	100.000	UnitedHealth Group Incorporated .....		.5
		.00000	92-0080881				Alaska Surgery Center, Limited Partnership .....	.AK	NIA	SC Affiliates, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	93-0982396				Aliansalud Entidad Promotora de Salud S.A. ....	.COL	IA	Alaska Surgery Center, Inc.	Influence.....	37.845	UnitedHealth Group Incorporated .....		.5
		.00000	98-1447435				All Savers Insurance Company .....	.IN	IA	Banmédica S.A.	Ownership.....	76.290	UnitedHealth Group Incorporated .....		.2
.0707	UnitedHealth Group Incorporated .....	.82406	35-1665915				All Savers Life Insurance Company of California .....	.CA	IA	Golden Rule Financial Corporation	Ownership.....	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated .....	.73130	35-1744596				Alliance Surgical Center, LLC .....	.FL	NIA	Golden Rule Financial Corporation	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	27-1367127				Aloha Surgical Center, LLC .....	.TN	NIA	SCA-Alliance, LLC	Ownership.....	51.285	UnitedHealth Group Incorporated .....		.2
		.00000	63-1231942				Ambient Healthcare, Inc. ....	.FL	NIA	Surgery Center of Maui, LLC	Ownership.....	74.000	UnitedHealth Group Incorporated .....		.2
		.00000	65-1095227				Ambient Holdings, Inc. ....	.DE	NIA	Ambient Holdings, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	45-2161438				American Health Network of Indiana Care Organization, LLC .....	.IN	NIA	BriovaRx Infusion Services, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	45-4770582				American Health Network of Indiana II, LLC .....	.IN	NIA	AHN Target Holdings, LLC	Ownership.....	80.100	UnitedHealth Group Incorporated .....		.2
.0707	UnitedHealth Group Incorporated .....	.52623	35-2108729				American Health Network of Indiana, LLC .....	.IN	RE	AHN Target Holdings, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
							American Health Network of Ohio Care Organization, LLC .....	.OH	NIA	AHN Target Holdings, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	45-4132160				American Health Network of Ohio II, LLC .....	.OH	NIA	AHN Target Holdings, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	31-1424956				American Health Network of Ohio, LLC .....	.OH	NIA	AHN Target Holdings, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	54-1743136				AmeriChoice Corporation .....	.DE	NIA	AmeriChoice Corporation	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	54-1743141				AmeriChoice Health Services, Inc. ....	.DE	NIA	UnitedHealth Group Incorporated	Ownership.....	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated .....	.95497	22-3368602				AmeriChoice of New Jersey, Inc. ....	.NJ	IA	AmeriChoice Corporation	Ownership.....	100.000	UnitedHealth Group Incorporated		
							Amico Saúde Ltda. ....	.BRA	NIA	AmeriChoice Corporation	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	98-1108620				Amil Assistência Médica Internacional S.A. ....	.BRA	IA	Anil Assistência Médica Internacional S.A.	Ownership.....	92.920	UnitedHealth Group Incorporated .....		.2
							Cemed Care – Empresa de Atendimento Clínico Geral Ltda. ....	.BRA	NIA	Cemed Care – Empresa de Atendimento Clínico Geral Ltda.	Ownership.....	1.072	UnitedHealth Group Incorporated .....		.2
		.00000	98-1108620				Polar II Fundo de Investimento em Participações MultiestrategiaBRA	IA	Polar II Fundo de Investimento em Participações Multiestrategia	Ownership.....	91.810	UnitedHealth Group Incorporated2

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
		.00000	98-1109085				Amil Clinical Research Participações Ltda. ...	.BRA	.NIA	Esho – Empresa de Serviços Hospitalares S.A.	Ownership.....	99.950	UnitedHealth Group Incorporated		
		.00000	98-1109085				Amil Clinical Research Participações Ltda. ...	.BRA	.NIA	Cemed Care – Empresa de Atendimento Clínico Geral Ltda.	Ownership.....	0.050	UnitedHealth Group Incorporated		
		.00000	98-1138212				AMIL International .....	.LUX	.NIA	Amil Assistência Médica Internacional S.A.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	98-1454564				Análisis Clínicos ML S.A.C. ....	.PER	.NIA	Pacifico S.A. Entidad Prestadora de Salud	Ownership.....	99.990	UnitedHealth Group Incorporated		1
		.00000	36-4210293				Antelope Valley Surgery Center, L.P. ....	.CA	.NIA	NSC Lancaster, LLC	Ownership.....	83.490	UnitedHealth Group Incorporated		2
		.00000	26-3913051				Apothecary Holdings, Inc. ....	.DE	.NIA	OptumRx Holdings, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	86-0960334				Apothecary Shop of Phoenix, Inc. ....	.AZ	.NIA	Apothecary Holdings, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	14-1890491				AppleCare Hospitalists Medical Group, Inc. ....	.CA	.OTH	Physician(s) owned	Influence.....	0.000	UnitedHealth Group Incorporated		4
		.00000	45-2852872				AppleCare Medical ACO, LLC .....		.OTH	AppleCare Medical Group, Inc	Influence.....	0.000	UnitedHealth Group Incorporated		4
		.00000	33-0845269				AppleCare Medical Group St. Francis, Inc. ....		.OTH	Physician(s) owned	Influence.....	0.000	UnitedHealth Group Incorporated		4
		.00000	33-0898174				AppleCare Medical Group, Inc. ....		.OTH	Physician(s) owned	Influence.....	0.000	UnitedHealth Group Incorporated		4
		.00000	27-2068687				AppleCare Medical Management, LLC .....	.DE	.NIA	Collaborative Care Holdings, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		5
		.00000					APS – Assistência Personalizada à Saúde Ltda. ....	.BRA	.IA	Santa Helena Assistência Médica S.A.	Ownership.....	99.990	UnitedHealth Group Incorporated		
		.00000					APS – Assistência Personalizada à Saúde Ltda. ....	.BRA	.IA	Amil Assistência Médica Internacional S.A.	Ownership.....	0.010	UnitedHealth Group Incorporated		
		.00000	98-1399975				Aquitania Chilean Holding SpA .....	.CHL	.NIA	Bordeaux UK Holdings II Limited	Ownership.....	100.000	UnitedHealth Group Incorporated		5
		.00000	75-2285078				Arcadia Outpatient Surgery Center, L.P. ....	.CA	.NIA	Surgecenters of Southern California, Inc.	Influence.....	37.000	UnitedHealth Group Incorporated		5
		.00000	46-4843100				Arise Physician Group .....	.TX	.NIA	SCA Austin Holdings, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		5
		.00000	86-0813232				Arizona Physicians IPA, Inc. ....	.AZ	.IA	UnitedHealthcare, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		5
		.00000	75-2055800				Arlington Surgery Center, LLC .....	.TX	.NIA	THR-SCA Holdings, LLC	Influence.....	52.754	UnitedHealth Group Incorporated		5
		.00000	46-3907136				ASC Holdings of New Jersey, LLC .....	.NJ	.NIA	SC Affiliates, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		5
		.00000	95-4348431				ASC Network, LLC .....	.DE	.NIA	Surgical Care Affiliates, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		5
		.00000	20-8970704				ASC Operators, LLC .....	.CA	.NIA	Surgery Centers-West Holdings, LLC	Influence.....	49.000	UnitedHealth Group Incorporated		5
		.00000	27-1724489				ASC Operators-East Bay, LLC .....	.CA	.NIA	SCA Pacific Holdings, Inc.	Influence.....	49.000	UnitedHealth Group Incorporated		5
		.00000	27-5447186				ASC Operators-San Francisco, LLC .....	.CA	.NIA	SCA Pacific Holdings, Inc.	Influence.....	49.000	UnitedHealth Group Incorporated		5
		.00000	27-2673776				ASC Operators-San Luis Obispo, LLC .....	.CA	.NIA	SCA-San Luis Obispo, LLC	Influence.....	49.000	UnitedHealth Group Incorporated		5
		.00000	26-3386169				ASC Operators-Santa Rosa, LLC .....	.CA	.NIA	SCA-Santa Rosa, Inc.	Influence.....	39.000	UnitedHealth Group Incorporated		5
		.00000	46-1537479				ASC Operators-South Bay, LLC .....	.CA	.NIA	SCA Pacific Holdings, Inc.	Influence.....	49.000	UnitedHealth Group Incorporated		5
		.00000	27-0540034				ASC Pacific Ventures, LLC .....	.DE	.NIA	SCA-Honolulu, LLC	Influence.....	49.900	UnitedHealth Group Incorporated		5
		.00000	90-0369702				ASI Global, LLC .....	.TX	.NIA	FrontierMEDEX, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		2
		.00000	04-3403101				Aspectus, Inc. ....	.MA	.OTH	Physician(s) owned	Influence.....	0.000	UnitedHealth Group Incorporated		4
		.00000	26-3878957				AssuranceRx, LLC .....	.AL	.NIA	BriovaRx, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	45-4014891				Athens ASC Holdings, LLC .....	.GA	.NIA	SCA Athens, LLC	Ownership.....	58.420	UnitedHealth Group Incorporated		2
		.00000	47-0990056				Audax Health Solutions, LLC .....	.DE	.NIA	Rally Health, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	58-2028767				Austin Center for Outpatient Surgery, L.P. ...	.GA	.NIA	SHC Austin, Inc.	Ownership.....	51.000	UnitedHealth Group Incorporated		2
		.00000	27-2869469				Avella of Austin, Inc. ....	.AZ	.NIA	Apothecary Holdings, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	14-1971726				Avella of Columbus, Inc. ....	.AZ	.NIA	Apothecary Holdings, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	13-4318552				Avella of Deer Valley, Inc. ....	.AZ	.NIA	Apothecary Holdings, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	45-5239373				Avella of Denver, Inc. ....	.AZ	.NIA	Apothecary Holdings, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	86-1044713				Avella of Gilbert, Inc. ....	.AZ	.NIA	Apothecary Holdings, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	26-4241458				Avella of Las Vegas II, Inc. ....	.AZ	.NIA	Apothecary Holdings, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	46-0609947				Avella of Orlando, Inc. ....	.AZ	.NIA	Apothecary Holdings, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	26-0583808				Avella of Phoenix III, Inc. ....	.AZ	.NIA	Apothecary Holdings, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	27-0121303				Avella of Sacramento, Inc. ....	.CA	.NIA	Apothecary Holdings, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	86-0819588				Avella of Scottsdale, Inc. ....	.AZ	.NIA	Apothecary Holdings, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	27-1688911				Avella of St. Louis, Inc. ....	.AZ	.NIA	Apothecary Holdings, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	36-4435924				Avella of Tampa, LLC .....	.FL	.NIA	Apothecary Holdings, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	20-3253658				Avella of Tucson II, Inc. ....	.AZ	.NIA	Apothecary Holdings, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	86-1044712				Avella of Tucson, Inc. ....	.AZ	.NIA	Apothecary Holdings, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		2
		.00000	35-2563332				Avella Patient Access Program, Inc.AZ	.NIA	Apothecary Holdings, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		

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SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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		.00000	20-4057813				Aveta Inc.		NIA	Collaborative Care Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	30-0842394				AxelaCare Intermediate Holdings, LLC		NIA	OptumRx, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	61-1708598				AxelaCare, LLC		NIA	AxelaCare Intermediate Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	72-1097827				B.R.A.S.S. Partnership in Commendam		NIA	Surgery Center Holding, LLC	Ownership	67.940	UnitedHealth Group Incorporated		2
		.00000	62-1601445				Bakersfield-SC, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		5
		.00000	98-1462787				Banmédica Colombia SpA	COL	NIA	Banmédica Internacional SpA	Ownership	100.000	UnitedHealth Group Incorporated		5
		.00000	98-1444151				Banmédica Internacional SpA	CHL	NIA	Banmédica S.A.	Ownership	99.000	UnitedHealth Group Incorporated		2
		.00000	98-1444151				Banmédica Internacional SpA	CHL	NIA	Saden S.A.	Ownership	1.000	UnitedHealth Group Incorporated		5
		.00000	98-1444127				Banmédica S.A.	CHL	NIA	Bordeaux Holding SpA	Ownership	98.229	UnitedHealth Group Incorporated		2
		.00000	26-1192066				Barranca Surgery Center, LLC	DE	NIA	Beach Surgical Holdings LLC	Influence	51.000	UnitedHealth Group Incorporated		5
		.00000	47-2083076				Beach Surgical Holdings II LLC	CA	NIA	SCA Surgicare of Laguna Hills, LLC	Influence	49.000	UnitedHealth Group Incorporated		5
		.00000	47-4504390				Beach Surgical Holdings III, LLC	CA	NIA	Surgicare of La Veta, Inc.	Ownership	68.860	UnitedHealth Group Incorporated		2
		.00000	37-1708521				Beach Surgical Holdings LLC	CA	NIA	SCA Surgicare of Laguna Hills, LLC	Influence	49.000	UnitedHealth Group Incorporated		5
		.00000	88-0267857				Behavioral Healthcare Options, Inc.	NV	NIA	Sierra Health Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		5
		.00000	75-2196889				Belleville Surgical Center, Ltd., an Illinois Limited Partnership	IL	NIA	Surgicare of Belleville, LLC	Ownership	61.200	UnitedHealth Group Incorporated		2
		.00000	22-3858211				Bexar Imaging Center, LLC	TX	OTH	WellMed Networks, Inc.	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	63-0984076				Birmingham Outpatient Surgery Center, Ltd., an Alabama Limited Partnership	AL	NIA	Birmingham Outpatient Surgical Center, LLC	Influence	30.220	UnitedHealth Group Incorporated		5
		.00000	63-0847380				Birmingham Outpatient Surgical Center, LLC		NIA	Surgery Center Holding, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	05-0359457				Blackstone Valley Surgicare GP, LLC		NIA	Surgery Center Holding, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	62-1530122				Blue Ridge Day Surgery Center, L.P.		NIA	Blue Ridge GP, LLC	Influence	38.208	UnitedHealth Group Incorporated		5
		.00000	27-2241593				Blue Ridge GP, LLC		NIA	SCA-Blue Ridge, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	65-0241934				Boca Raton Outpatient Surgery & Laser Center, Ltd.	FL	NIA	Surgery Center of Boca Raton, Inc.	Influence	20.000	UnitedHealth Group Incorporated		5
		.00000	65-0241934				Boca Raton Outpatient Surgery & Laser Center, Ltd.		NIA	Surgery Center of Boca Raton, Inc.	Influence	10.000	UnitedHealth Group Incorporated		5
		.00000	98-1396690				Bordeaux (Barbados) Holdings I, SRL	BRB	NIA	UnitedHealth Group International L.P.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1396559				Bordeaux (Barbados) Holdings II, SRL	BRB	NIA	Bordeaux (Barbados) Holdings I, SRL	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1403634				Bordeaux (Barbados) Holdings III, SRL	BRB	NIA	Bordeaux (Barbados) Holdings II, SRL	Ownership	100.000	UnitedHealth Group Incorporated		5
		.00000	98-1398490				Bordeaux Holding SpA	CHL	NIA	Aquitania Chilean Holding SpA	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	82-3147824				Bordeaux International Holdings, Inc.		NIA	UnitedHealth Group Incorporated	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1390574				Bordeaux UK Holdings I Limited	GBR	NIA	Bordeaux International Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		2
		.00000	98-1391914				Bordeaux UK Holdings II Limited	GBR	NIA	Bordeaux UK Holdings I Limited	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1389224				Bordeaux UK Holdings III Limited	GBR	NIA	Bordeaux UK Holdings II Limited	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	45-4147343				BOSC Holdings, LLC		NIA	SCA BOSC Holdings, LLC	Influence	49.000	UnitedHealth Group Incorporated		5
		.00000	98-1112673				Bosque Medical Center Ltda.	BRA	NIA	Amil Assistência Médica Internacional S.A.	Ownership	82.581	UnitedHealth Group Incorporated		
		.00000	98-1112673				Bosque Medical Center Ltda.	BRA	NIA	Esho – Empresa de Serviços Hospitalares S.A.	Ownership	17.419	UnitedHealth Group Incorporated		
		.00000	20-2387834				Brandon Ambulatory Surgery Center, LLC	FL	NIA	SCA-Brandon, LLC	Ownership	54.540	UnitedHealth Group Incorporated		2
		.00000	11-2997132				BriovaRx Infusion Services 100, Inc.	NY	NIA	BriovaRx Infusion Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	11-3485985				BriovaRx Infusion Services 101, Inc.	NY	NIA	BriovaRx Infusion Services 100, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	90-0884047				BriovaRx Infusion Services 102, LLC	DE	NIA	BriovaRx Infusion Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	27-1533840				BriovaRx Infusion Services 103, LLC	DE	NIA	Serquinox Holdings LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	57-0861358				BriovaRx Infusion Services 200, Inc.	SC	NIA	Ambient Healthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	55-0802777				BriovaRx Infusion Services 201, Inc.	FL	NIA	Ambient Healthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	20-4881413				BriovaRx Infusion Services 202, Inc.	FL	NIA	Ambient Healthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	33-1012700				BriovaRx Infusion Services 203, Inc.	FL	NIA	Ambient Healthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	55-0802774				BriovaRx Infusion Services 204, Inc.	FL	NIA	Ambient Healthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	26-3738273				BriovaRx Infusion Services 205, Inc.	FL	NIA	Ambient Healthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	63-1284325				BriovaRx Infusion Services 206, Inc.	AL	NIA	Ambient Healthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	63-0964525				BriovaRx Infusion Services 207, Inc.	AL	NIA	BriovaRx Infusion Services 206, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	20-4963945				BriovaRx Infusion Services 208, Inc.	NC	NIA	Ambient Healthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		

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		.00000	55-0802779				BriovaRx Infusion Services 209, Inc.GA	NIA.....	Ambient Healthcare, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	75-2196224				BriovaRx Infusion Services 301, LP .....	.OK	NIA.....	BriovaRx Infusion Services, Inc.	Ownership.....	99.950	UnitedHealth Group Incorporated		
		.00000	75-2196224				BriovaRx Infusion Services 301, LP .....	.OK	NIA.....	BriovaRx Infusion Services 305, LLC	Ownership.....	0.050	UnitedHealth Group Incorporated		
		.00000	27-0668812				BriovaRx Infusion Services 302, LLC .....	.NE	NIA.....	BriovaRx Infusion Services, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	26-2565032				BriovaRx Infusion Services 305, LLC .....	.DE	NIA.....	BriovaRx Infusion Services, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	20-3741084				BriovaRx Infusion Services 308, LLC .....	.AZ	NIA.....	SCP Specialty Infusion, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	02-0653265				BriovaRx Infusion Services 401, LLC .....	.CA	NIA.....	SCP Specialty Infusion, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	26-4312858				BriovaRx Infusion Services 402, LLC .....	.CA	NIA.....	SCP Specialty Infusion, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	47-0941801				BriovaRx Infusion Services 403, LLC .....	.CA	NIA.....	SCP Specialty Infusion, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	93-1103256				BriovaRx Infusion Services 404, LLC .....	.OR	NIA.....	SCP Specialty Infusion, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	27-3918706				BriovaRx Infusion Services, Inc. ....	.DE	NIA.....	AxelaCare, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	20-4515146				BriovaRx of California, Inc. ....	.CA	NIA.....	Salveo Specialty Pharmacy, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	11-3647935				BriovaRx of Florida, Inc. ....	.DE	NIA.....	OptumRx PBM of Illinois, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	27-1930321				BriovaRx of Georgia, LLC .....	.AL	NIA.....	BriovaRx, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	46-2731176				BriovaRx of Indiana, LLC .....	.IN	NIA.....	OptumRx PBM of Illinois, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	46-2790537				BriovaRx of Louisiana, L.L.C. ....	.LA	NIA.....	BriovaRx, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	01-0516051				BriovaRx of Maine, Inc. ....	.ME	NIA.....	OptumRx PBM of Illinois, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	27-3331130				BriovaRx of Massachusetts, LLC .....	.MA	NIA.....	OptumRx PBM of Illinois, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		5
		.00000	45-2532834				BriovaRx of Nevada, LLC .....	.NV	NIA.....	OptumRx PBM of Illinois, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	74-3103518				BriovaRx of New York, Inc. ....	.NY	NIA.....	Salveo Specialty Pharmacy, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	20-2719823				BriovaRx of Texas, Inc. ....	.TX	NIA.....	BriovaRx of Florida, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	82-4030553				BriovaRx Specialty, LLC .....	.DE	NIA.....	OptumRx Administrative Services, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	55-0824381				BriovaRx, LLC .....	.AL	NIA.....	BriovaRx of Maine, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		5
		.00000	45-2314634				BSC Holdings, LLC .....	.IN	NIA.....	SCA Indiana Holdings, LLC	Influence.....	49.000	UnitedHealth Group Incorporated		5
		.00000	47-4278378				Cabin Enterprises, LLC .....	.DE	NIA.....	Cabin Holdings, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	47-4264867				Cabin Holdings, LLC .....	.DE	NIA.....	OptumHealth Holdings, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	61-1732160				California MedTrans Network IPA LLC .....	.CA	NIA.....	California MedTrans Network MSO LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.00000	36-4780748				California MedTrans Network MSO LLC .....	.CA	NIA.....	National MedTrans, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.00000	81-0881243				Californian Spring Holdings, PC .....	.CA	OTH.....	Physician(s) owned	Influence.....	0.000	UnitedHealth Group Incorporated		4
.0707	UnitedHealth Group Incorporated	.00000	52-1597478				Camp Hill Ambulatory Centers		NIA.....	Camp Hill-SCA Centers, LLC	Influence.....	49.000	UnitedHealth Group Incorporated		5
		.00000	52-1597484				Camp Hill-SCA Centers, LLC		NIA.....	SC Affiliates, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		2
		.00000	27-3955254				Capital City Medical Group, L.L.C.		NIA.....	UnitedHealthcare, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		2
		.00000	46-1981651				Cardio Management, Inc. ....	.DE	NIA.....	OrthoNet Holdings, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		2
		.00000	20-8375685				Care Improvement Plus Group Management, LLC .....	.MD	NIA.....	XLHealth Corporation	Ownership.....	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.12558	45-4976934				Care Improvement Plus of Texas Insurance Company		IA.....	XLHealth Corporation	Ownership.....	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.12567	20-3888112				Care Improvement Plus South Central Insurance Company		IA.....	XLHealth Corporation	Ownership.....	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.14041	27-5038136				Care Improvement Plus Wisconsin Insurance Company		IA.....	XLHealth Corporation	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	98-1328471				Casa de Saúde Santa Therezinha S.A. ....	.BRA	NIA.....	Hospital Alvorada de Taguatinga Ltda.	Ownership.....	99.990	UnitedHealth Group Incorporated		2
		.00000	98-1328471				Casa de Saúde Santa Therezinha S.A. ....	.BRA	NIA.....	S.A.	Ownership.....	0.000	UnitedHealth Group Incorporated		2
		.00000	82-5207935				Castle Rock SurgiCenter, LLC		NIA.....	SCA-Castle Rock, LLC	Ownership.....	55.000	UnitedHealth Group Incorporated		2
		.00000	20-5807941				Catalyst360, LLC		NIA.....	Optum Services, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000					Catamaran Finance (Ireland) Unlimited Company .....	.IRL	NIA.....	Catamaran S.á.r.l.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	98-1069737				Catamaran S.á.r.l. ....	.LUX	NIA.....	UnitedHealthcare Europe S.á r.l.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000					CDC Holdings Colombia S.A.S. ....	.COL	NIA.....	Bordeaux UK Holdings II Limited	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	27-2533497				Cedar Park Surgery Center, LLC		NIA.....	SCA Cedar Park Holdings, LLC	Ownership.....	51.931	UnitedHealth Group Incorporated		2
		.00000	98-1111491				Cemed Care – Empresa de Atendimento Clínico Geral Ltda. ....	.BRA	NIA.....	Anil Assistência Médica Internacional S.A.	Ownership.....	99.990	UnitedHealth Group Incorporated		2
		.00000	98-1111491				Cemed Care – Empresa de Atendimento Clínico Geral Ltda.BRA	NIA.....	Esho – Empresa de Serviços Hospitalares S.A.	Ownership.....	0.000	UnitedHealth Group Incorporated		2

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		.00000	33-0483510				Centers for Family Medicine, GP		.DTH	MHIPA Physician Two Holdco	Influence	0.000	UnitedHealth Group Incorporated		.4
		.00000	33-0483510				Centers for Family Medicine, GP		.DTH	MH Physician Three Holdco	Influence	0.000	UnitedHealth Group Incorporated		.4
		.00000	98-1448150				Central de Compras SpA	.CHL	NIA	Inversiones Clínicas Santa María S.A.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	45-4131797				Central Indiana Care Organization, LLC		NIA	AHN Target Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		.1
		.00000	45-5600514				Central Ohio Care Organization, LLC		NIA	AHN Target Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	30-1080342				CentrifyHealth, LLC		NIA	UnitedHealth Group Incorporated	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000					CentriHealth UK Limited	.GBR	NIA	CentrifyHealth, LLC	Ownership	100.000	UnitedHealth Group Incorporated		.2
		.00000					Centro de Entrenamiento en Reanimación y Prevención Limitada (CERP)	.CHL	NIA	Clínica Dávila y Servicios Médicos S.A.	Ownership	99.000	UnitedHealth Group Incorporated		
		.00000					Centro de Entrenamiento en Reanimación y Prevención Limitada (CERP)	.CHL	NIA	Servicios Integrados de Salud Ltda.	Ownership	1.000	UnitedHealth Group Incorporated		
		.00000	98-1450490				Centro de Servicios Compartidos Banmédica S.A.	.CHL	NIA	Banmédica S.A.	Ownership	99.900	UnitedHealth Group Incorporated		.1
		.00000					Centro Médico Hospitalar Pitangueiras Ltda.	.BRA	NIA	Esho – Empresa de Serviços Hospitalares S.A.	Ownership	100.000	UnitedHealth Group Incorporated		.2
		.00000					Centro Médico Hospitalar Pitangueiras Ltda.	.BRA	NIA	Hospital Alvorada de Taguatinga Ltda.	Ownership	0.001	UnitedHealth Group Incorporated		.5
		.00000	98-1457197				Centro Médico Odontológico Americano S.A.C.	.PER	NIA	Pacifico S.A. Entidad Prestadora de Salud	Ownership	80.000	UnitedHealth Group Incorporated		.1
		.00000	98-1310461				Centro Médico PJ Ltda.	.BRA	NIA	Esho – Empresa de Serviços Hospitalares S.A.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1310461				Centro Médico PJ Ltda.	.BRA	NIA	Hospital Alvorada de Taguatinga Ltda.	Ownership	0.001	UnitedHealth Group Incorporated		.2
		.00000	98-1451635				Centromed Quilpué S.A.	.CHL	NIA	Administradora Médica Centromed S.A.	Ownership	93.450	UnitedHealth Group Incorporated		.2
		.00000					Centros Médicos y Dentales Multimed Ltda.	.CHL	NIA	Onesa S.A.	Ownership	99.990	UnitedHealth Group Incorporated		.2
		.00000					Centros Médicos y Dentales Multimed Ltda.	.CHL	NIA	Clínica Dávila y Servicios Médicos S.A.	Ownership	0.010	UnitedHealth Group Incorporated		.5
		.00000	47-4823023				Centura-SCA Holdings, LLC		NIA	Surgery Center of Colorado Springs, LLC	Influence	34.760	UnitedHealth Group Incorporated		.5
		.00000	46-1454664				Channel Islands Surgicenter Properties, LLC		NIA	SCA Holding Company, Inc.	Ownership	62.743	UnitedHealth Group Incorporated		.2
		.00000	58-1709761				Charleston Surgery Center Limited Partnership		NIA	SCA-Charleston, LLC	Influence	20.343	UnitedHealth Group Incorporated		.5
		.00000	82-3973199				Charleston Surgery Properties, LLC		NIA	SCA-Charleston, LLC	Ownership	50.850	UnitedHealth Group Incorporated		.2
		.00000	62-1262567				Charlotte-SC, LLC		NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	26-2389638				Childrens Surgery Center, LLC		NIA	SCA-Central Florida, LLC	Ownership	52.202	UnitedHealth Group Incorporated		.2
		.00000	98-1093539				ChinaGate (Hong Kong) Limited	.CHN	NIA	Optum, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		.1
		.00000	62-1510209				Citrus Regional Surgery Center, L.P.		NIA	SCA-Citrus, Inc.	Ownership	57.000	UnitedHealth Group Incorporated		.2
		.00000	20-3742012				Cleburne Surgical Center, LLC		NIA	THR-SCA Holdings, LLC	Influence	51.000	UnitedHealth Group Incorporated		.5
		.00000	98-1459640				Clínica Alameda S.A.	.CHL	NIA	Vidaíntegra S.A.	Ownership	99.841	UnitedHealth Group Incorporated		.2
		.00000	98-1459640				Clínica Alameda S.A.	.CHL	NIA	Saden S.A.	Ownership	0.159	UnitedHealth Group Incorporated		.1
		.00000	98-1443171				Clínica Bio Bio S.A.	.CHL	NIA	Inversiones Clínicas Santa María S.A.	Ownership	100.000	UnitedHealth Group Incorporated		.1
		.00000	98-1442191				Clínica Ciudad del Mar S.A.	.CHL	NIA	Inversiones Clínicas Santa María S.A.	Ownership	100.000	UnitedHealth Group Incorporated		.1
		.00000	98-1446132				Clínica Dávila y Servicios Médicos S.A.	.CHL	NIA	Banmédica S.A.	Ownership	99.991	UnitedHealth Group Incorporated		.2
		.00000	98-1446132				Clínica Dávila y Servicios Médicos S.A.	.CHL	NIA	Clínica Santa María S.A.	Ownership	0.009	UnitedHealth Group Incorporated		
		.00000					Clínica del Country S.A.	.COL	NIA	Banmédica Internacional SpA	Ownership	50.000	UnitedHealth Group Incorporated		.1
		.00000	98-1350667				Clínica Médico Cirúrgica de Santa Tecla, S.A.	.PRT	NIA	Lusíadas, SGPS, S.A.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1337965				Clínica Oftalmologica Danilo de Castro Sociedade Simples	.BRA	NIA	Hospital Alvorada de Taguatinga Ltda.	Ownership	99.660	UnitedHealth Group Incorporated		.2
		.00000	98-1337965				Clínica Oftalmologica Danilo de Castro Sociedade Simples	.BRA	NIA	Lotten-Eyes Oftalmologia Clínica e Cirurgica Ltda.	Ownership	0.333	UnitedHealth Group Incorporated		.2
		.00000					Clínica San Borja (La Esperanza del Perú S.A.)	.PER	NIA	Pacifico S.A. Entidad Prestadora de Salud	Ownership	99.990	UnitedHealth Group Incorporated		.1
		.00000	98-1462343				Clínica San Felipe S.A.	.PER	NIA	Pacifico S.A. Entidad Prestadora de Salud	Ownership	93.740	UnitedHealth Group Incorporated		.1
		.00000	98-1455936				Clínica Sánchez Ferrer S.A.	.PER	NIA	Pacifico S.A. Entidad Prestadora de Salud	Ownership	99.990	UnitedHealth Group Incorporated		.1
		.00000	98-1442754				Clínica Santa María S.A.	.CHL	NIA	Banmédica S.A.	Ownership	99.433	UnitedHealth Group Incorporated		.2
		.00000	98-1442745				Clínica Vespucio S.A.	.CHL	NIA	Inversiones Clínicas Santa María S.A.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	20-2236024				Clinton Partners, LLC	.MI	NIA	HFHS-SCA Holdings, LLC	Influence	51.780	UnitedHealth Group Incorporated		.5
		.00000	98-1350671				CLISA – Clínica de Santo António, S.A.	.PRT	NIA	Lusíadas, SGPS, S.A.	Ownership	100.000	UnitedHealth Group Incorporated		

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SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
		.00000	98-1337968				CMO – Centro Médico de Oftalmologia S/S Ltda.	.BRA	.NIA	Hospital Alvorada de Taguatinga Ltda.	Ownership	99.000	UnitedHealth Group Incorporated		
		.00000	98-1337968				CMO – Centro Médico de Oftalmologia S/S Ltda.	.BRA	.NIA	Lotten-Eyes Oftalmologia Clinica e Cirurgica Ltda.	Ownership	1.000	UnitedHealth Group Incorporated		2
		.00000	98-1277015				CMS – Central de Manipulação e Serviços Farmacêuticos S.A.	.BRA	.NIA	COI – Clínicas Oncológicas Integradas S.A.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	71-0873411				CNIC Health Solutions, Inc.	.CO	.NIA	Rocky Mountain Health Maintenance Organization, Incorporated	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	56-2674371				Coachella Valley Physicians of PrimeCare, Inc.	.CA	.NIA	PrimeCare Medical Network, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	27-1193028				Coalition for Advanced Pharmacy Services, Inc.		.NIA	OptumRx Health Solutions, LLC	Ownership	93.266	UnitedHealth Group Incorporated		2
		.00000	27-1193028				Coalition for Advanced Pharmacy Services, Inc.	.DE	.NIA	OptumRx PBM of Maryland, LLC	Ownership	5.341	UnitedHealth Group Incorporated		2
		.00000	27-1193028				Coalition for Advanced Pharmacy Services, Inc.	.DE	.NIA	Optum Hospice Pharmacy Services, LLC	Ownership	1.277	UnitedHealth Group Incorporated		
		.00000	27-1193028				Coalition for Advanced Pharmacy Services, Inc.	.DE	.NIA	OptumRx Home Delivery of Ohio, LLC	Ownership	0.116	UnitedHealth Group Incorporated		2
		.00000	98-1276040				COI – Clínicas Oncológicas Integradas S.A.	.BRA	.NIA	COI Participações S.A.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1275801				COI Participações S.A.	.BRA	.NIA	Esho – Empresa de Serviços Hospitalares S.A.	Ownership	89.102	UnitedHealth Group Incorporated		2
		.00000	27-2337616				Collaborative Care Holdings, LLC		.UIP	OptumHealth Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	27-2337487				Collaborative Care Services, Inc.		.NIA	Collaborative Care Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	45-2614005				Collaborative Realty, LLC	.NY	.NIA	Collaborative Care Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000					Colmedica Medicina Prepagada	.COL	.NIA	Banmedica S.A.	Ownership	76.270	UnitedHealth Group Incorporated		2
		.00000	84-1160450				Colorado Springs Surgery Center, Ltd.		.NIA	SCA-Colorado Springs, LLC	Ownership	95.000	UnitedHealth Group Incorporated		2
		.00000	11-3647007				Comfort Care Transportation, LLC	.TX	.NIA	WellMed Medical Management, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	06-1592173				Connecticut Surgery Center, Limited Partnership	.CT	.NIA	Connecticut Surgical Center, LLC	Ownership	51.000	UnitedHealth Group Incorporated		2
		.00000	26-1313646				Connecticut Surgery Properties, LLC	.DE	.NIA	Connecticut Surgical Center, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	06-1156342				Connecticut Surgical Center, LLC	.DE	.NIA	Surgical Care Affiliates, LLC	Ownership	73.039	UnitedHealth Group Incorporated		2
		.00000	98-1448720				Constructora e Inmobiliaria Magapoq S.A.	.CHL	.NIA	Banmedica S.A.	Ownership	99.900	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.00000	98-1448720				Constructora e Inmobiliaria Magapoq S.A.	.CHL	.NIA	Inmobiliaria Apoquindo 3600 Ltda.	Ownership	0.100	UnitedHealth Group Incorporated		
		.00000	20-0231080				Consumer Wellness Solutions, Inc.	.DE	.NIA	Optum Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	20-2595593				Corpus Christi Endoscopy Center, L.L.P.	.TX	.NIA	SCA Pacific Holdings, Inc.	Influence	18.500	UnitedHealth Group Incorporated		5
		.00000					Country Scan Ltda.	.COL	.NIA	Patrimonio Autónomo Nueva Clínica – PANC.	Ownership	51.800	UnitedHealth Group Incorporated		2
		.00000	26-0080565				Cypress Care, Inc.		.NIA	Healthcare Solutions, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		2
		.00000	63-1263704				Danbury Surgical Center, L.P.		.NIA	SCA Danbury Surgical Center, LLC	Ownership	50.419	UnitedHealth Group Incorporated		2
		.00000					David Moen, M.D. P.C.		.OTH	Orthology, Inc.	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	45-2380022				David R. Ferrell, M.D., P.C.	.NV	.OTH	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000					Day-Op Center of Long Island Inc.		.OTH	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000					Day-Op Surgery Consulting Company, LLC	.DE	.NIA	ProHEALTH Medical Management, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	52-1811176				DBP Services of New York IPA, Inc.		.NIA	Dental Benefit Providers, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		1
							Dental Benefit Providers of California, Inc.								
		.00000	52-1452809					.CA	.IA	Dental Benefit Providers, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		2
.0707	UnitedHealth Group Incorporated	.52053	36-4008355				Dental Benefit Providers of Illinois, Inc.	.IL	.IA	Dental Benefit Providers, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		2
		.00000	41-2014834				Dental Benefit Providers, Inc.	.DE	.NIA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		2
		.00000	47-0926556				Denton Surgery Center, LLC	.TX	.NIA	THR-SCA Holdings, LLC	Influence	63.995	UnitedHealth Group Incorporated		5
		.00000	82-1436601				Derry Surgical Center, LLC	.NH	.NIA	SCA-Derry, LLC	Ownership	71.000	UnitedHealth Group Incorporated		2
		.00000	98-1460401				Diagnóstico Ecotomográfico Centromed Ltda.	.CHL	.NIA	Administradora Médica Centromed S.A.	Ownership	50.000	UnitedHealth Group Incorporated		2
		.00000	98-1460347				Diasnóstico por Imágenes Centromed Ltda.	.CHL	.NIA	Administradora Médica Centromed S.A.	Ownership	93.340	UnitedHealth Group Incorporated		
		.00000	98-1460347				Diasnóstico por Imágenes Centromed Ltda.	.CHL	.NIA	Centromed Quipué S.A.	Ownership	6.660	UnitedHealth Group Incorporated		2
		.00000	33-0292435				Digestive Disease Center, L.P.	.CA	.NIA	Beach Surgical Holdings LLC	Influence	51.000	UnitedHealth Group Incorporated		5

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
		.00000	98-1285762				Dilab Medicina Nuclear Ltda.	.BRA	NIA	Esho – Empresa de Serviços Hospitalares S.A.	Ownership	95.000	UnitedHealth Group Incorporated		2
		.00000	30-0238641				Distance Learning Network, Inc.		NIA	OptumHealth Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000					Doctor + S.A.C.	.PER	NIA	Pacifico S.A. Entidad Prestadora de Salud	Ownership	99.900	UnitedHealth Group Incorporated		1
		.00000	82-5264853				Dry Creek Surgery Center, LLC	.CO	NIA	SCA-DRY CREEK, LLC	Ownership	55.000	UnitedHealth Group Incorporated		2
		.00000	82-5181311				DTC Surgery Center, LLC	.CO	NIA	SCA-DTC Holdings, LLC	Ownership	55.000	UnitedHealth Group Incorporated		2
		.00000	27-2103713				Dublin Surgery Center, LLC		NIA	SCA-Dublin, LLC	Ownership	53.657	UnitedHealth Group Incorporated		2
		.00000					Duncan Printing Services, LLC	.SC	NIA	UnitedHealthcare Insurance Company	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	04-3106404				Durable Medical Equipment, Inc.	.MA	OTH	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	59-3625966				DWIC of Tampa Bay, Inc.		NIA	MedExpress Development, LLC	Ownership	100.000	UnitedHealth Group Incorporated		2
		.00000	59-3705426				E Street Endoscopy, LLC		NIA	West Coast Endoscopy Holdings, LLC	Ownership	51.000	UnitedHealth Group Incorporated		2
		.00000	95-4660712				Ear Professionals International Corporation	.DE	NIA	Specialty Benefits, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	02-0593133				East Brunswick Surgery Center, LLC		NIA	ASC Holdings of New Jersey, LLC	Ownership	51.000	UnitedHealth Group Incorporated		2
		.00000	71-0923682				eCode Solutions, LLC		NIA	Surgical Care Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		2
		.00000	84-1162764				Electronic Network Systems, Inc.	.DE	NIA	OptumInsight, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1339173				Elual Participações S.A.	.BRA	NIA	Anil Assistência Médica Internacional S.A.	Ownership	60.000	UnitedHealth Group Incorporated		2
		.00000	98-1339173				Elual Participações S.A.	.BRA	NIA	Esho – Empresa de Serviços Hospitalares S.A.	Ownership	40.000	UnitedHealth Group Incorporated		
		.00000					Empire Physician Management Company, LLC	.CA	NIA	North American Medical Management California, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	33-0181426				Empire Physicians' Medical Group, Inc.	.CA	NIA	NAMM Medical Group Holdings, Inc.	Influence	100.000	UnitedHealth Group Incorporated		5
		.00000					Empremédica S. A.	.PER	NIA	Banmédica S.A.	Ownership	99.990	UnitedHealth Group Incorporated		1
		.00000	47-3495605				Endoscopy Center Affiliates, Inc.	.DE	NIA	National Surgery Centers, LLC	Ownership	100.000	UnitedHealth Group Incorporated		5
		.00000					EP Campus I, LLC	.DE	NIA	UnitedHealthcare Insurance Company	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000					Esho – Empresa de Serviços Hospitalares S.A.	.BRA	NIA	Anil Assistência Médica Internacional S.A.	Ownership	99.667	UnitedHealth Group Incorporated		2
		.00000	98-1122399				Etho – Empresa de Tecnologia Hospitalar Ltda.	.BRA	NIA	Anil Assistência Médica Internacional S.A.	Ownership	90.060	UnitedHealth Group Incorporated		2
		.00000	86-0964571				Evercare Collaborative Solutions, Inc.	.DE	NIA	Ovations, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1111239				Excellion Serviços Biomédicos Ltda.	.BRA	NIA	Esho – Empresa de Serviços Hospitalares S.A.	Ownership	99.990	UnitedHealth Group Incorporated		2
		.00000	98-1111239				Excellion Serviços Biomédicos Ltda.	.BRA	NIA	Cemed Care – Empresa de Atendimento Clínico Geral Ltda.	Ownership	0.000	UnitedHealth Group Incorporated		2
		.00000	11-3669765				Executive Health Resources, Inc.	.PA	NIA	OptumInsight, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		5
		.00000	30-0701899				Executive Surgery Center, LLC	.TX	NIA	SCA-Houston Executive, LLC	Ownership	54.090	UnitedHealth Group Incorporated		2
		.00000					Exploration for Mine Clearance LLC	.IRQ	NIA	UnitedHealthcare Global Medical (UK) Limited	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	88-0223385				Family Health Care Services	.NV	NIA	Sierra Health Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		2
		.00000	88-0257036				Family Home Hospice, Inc.	.NV	NIA	Sierra Health Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		2
		.00000					Fayetteville Ambulatory Surgery Center, L.P.		NIA	NSC Fayetteville, LLC	Influence	46.244	UnitedHealth Group Incorporated		5
		.00000	62-1551098				Florence Surgery Center, L.P.	.TN	NIA	SCA-Florence, LLC	Influence	30.000	UnitedHealth Group Incorporated		5
		.00000	32-0432993				Florida MedTrans Network LLC	.FL	NIA	Florida MedTrans Network MSO LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	36-4778512				Florida MedTrans Network MSO LLC		NIA	National MedTrans, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	35-2456267				FMG Holdings, LLC		NIA	UnitedHealth Group Incorporated	Ownership	98.710	UnitedHealth Group Incorporated		
		.00000	35-2456267				FMG Holdings, LLC		NIA	Hygeia Corporation	Ownership	1.290	UnitedHealth Group Incorporated		
		.00000	86-0908902				For Health of Arizona, Inc.	.AZ	NIA	For Health, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	33-0766617				For Health, Inc.	.DE	NIA	Inspiris, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	68-0088542				Fort Sutter Medical Building, a California Limited Partnership		NIA	Surgery Centers-West Holdings, LLC	Influence	4.500	UnitedHealth Group Incorporated		5
		.00000	77-0368346				Fort Worth Endoscopy Centers, LLC	.TX	NIA	THR-SCA Holdings, LLC	Influence	51.000	UnitedHealth Group Incorporated		5
		.00000	27-0695411				Fortify Technologies, LLC	.MN	NIA	Savvysherpa, LLC	Ownership	100.000	UnitedHealth Group Incorporated		2
		.00000	20-3412606				Franklin Surgical Center, LLC	.NJ	NIA	SCA-Franklin, LLC	Ownership	54.290	UnitedHealth Group Incorporated		2

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SCHEDULE Y
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		.00000	82-3453993				Freeway Surgicenter of Houston, LLC	.TX	NIA	SCA-Freeway Holdings, LLC	Ownership	59.320	UnitedHealth Group Incorporated		2
		.00000	98-1172769				Frontier Medex Tanzania Limited	.TZA	NIA	UnitedHealthcare Global Medical (UK) Limited	Ownership	99.000	UnitedHealth Group Incorporated		2
		.00000	68-0679514				FrontierMEDEX (RMS), Inc.	.DE	NIA	FMG Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	45-5339512				FrontierMEDEX Government Services, LLC	.DE	NIA	FMG Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1147103				FrontierMEDEX Kenya Limited	.KEN	NIA	UnitedHealthcare Global Medical (UK) Limited	Ownership	99.900	UnitedHealth Group Incorporated		
		.00000	98-1147103				FrontierMEDEX Kenya Limited	.KEN	NIA	UnitedHealthcare International I B.V.	Ownership	0.100	UnitedHealth Group Incorporated		
		.00000	98-1101521				FrontierMEDEX Limited	.IRQ	NIA	UnitedHealthcare Global Medical (UK) Limited	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	33-1219808				FrontierMEDEX US, Inc.	.DE	NIA	FMG Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	52-2230470				FrontierMEDEX, Inc.	.MN	NIA	FrontierMEDEX US, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000					Fundación Bannédica	.CHL	NIA	Bannédica S.A.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	63-0833765				Gadsden Surgery Center, LLC	.DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		5
		.00000	62-1488653				Gadsden Surgery Center, Ltd.	.AL	NIA	Gadsden Surgery Center, LLC	Ownership	58.500	UnitedHealth Group Incorporated		2
		.00000	62-1600268				Gainesville Surgery Center, L.P.	.TN	NIA	SCA-Northeast Georgia Health, LLC	Ownership	87.000	UnitedHealth Group Incorporated		2
		.00000					Gainesville Surgery Properties, LLC	.DE	NIA	Gainesville Surgery Center, L.P.	Ownership	100.000	UnitedHealth Group Incorporated		2
		.00000	46-1615328				Geisinger-SCA Holdings, LLC		NIA	SCA Pennsylvania Holdings, LLC	Influence	49.000	UnitedHealth Group Incorporated		5
		.00000	27-0556097				Genoa Healthcare LLC	.PA	NIA	Specialized Pharmaceuticals, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-3851949				Genoa Healthcare, Inc.	.DE	NIA	OptumRx Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.00000	20-5009764	3057283			Genoa of Arkansas, LLC	.AR	NIA	Genoa Healthcare LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000					Genoa Technology (Canada) Inc.	.CAN	NIA	Genoa Technology, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		2
		.00000	38-4034308				Genoa Technology, Inc.	.DE	NIA	Genoa Healthcare LLC	Ownership	100.000	UnitedHealth Group Incorporated		5
		.00000	45-3010132				Genoa Telepsychiatry, Inc.	.DE	NIA	Genoa Healthcare LLC	Ownership	100.000	UnitedHealth Group Incorporated		2
		.00000	81-4703295				Genoa, QoL Wholesale, LLC	.DE	NIA	Genoa Healthcare LLC	Ownership	100.000	UnitedHealth Group Incorporated		5
		.00000	37-0920164				gethealthinsurance.com Agency Inc.	.IN	NIA	Golden Rule Financial Corporation	Ownership	100.000	UnitedHealth Group Incorporated		5
		.00000	65-1025514				Gladiolus Surgery Center, LLC	.FL	NIA	SCA-Gladiolus, LLC	Influence	45.981	UnitedHealth Group Incorporated		5
		.00000	47-3495605				GLBESC, LLC	.DE	NIA	Beach Surgical Holdings LLC	Influence	51.280	UnitedHealth Group Incorporated		5
		.00000	33-0595220				Glenwood Surgical Center, L.P.	.CA	NIA	Glenwood-SC, Inc.	Ownership	45.070	UnitedHealth Group Incorporated		2
		.00000	62-1601450				Glenwood-SC, Inc.	.TN	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		2
		.00000	98-1260839				GLGC Medical Ltd.	.CAN	NIA	UnitedHealthcare Global Canada Limited	Influence	49.000	UnitedHealth Group Incorporated		5
		.00000	20-3420886				Golden Outlook, Inc.	.CAN	NIA	Collaborative Care Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.00000	37-0855360	3057283			Golden Rule Financial Corporation	.DE	NIA	UnitedHealth Group Incorporated	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.62286	37-6028756				Golden Rule Insurance Company	.IN	IA	Golden Rule Financial Corporation	Ownership	100.000	UnitedHealth Group Incorporated		5
		.00000	33-0529450				Golden Triangle Surgicenter, L.P.	.CA	NIA	Surgery Centers-West Holdings, LLC	Ownership	72.000	UnitedHealth Group Incorporated		2
		.00000	52-1597483				Grandview Surgery Center, LTD.	.PA	NIA	Camp Hill Ambulatory Centers	Influence	41.993	UnitedHealth Group Incorporated		5
		.00000	93-1237063				GRANTS PASS SURGERY CENTER, LLC	.OR	NIA	SCA-GRANTS PASS, LLC	Ownership	51.000	UnitedHealth Group Incorporated		2
		.00000	81-4648930				Greater New Haven ASC, LLC	.CT	NIA	SCA-Handen, LLC	Influence	20.830	UnitedHealth Group Incorporated		5
		.00000	27-2337725				Greater Phoenix Collaborative Care, P.C.		OTH	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
.0707	UnitedHealth Group Incorporated	.00000	27-2337725				Greater Phoenix Collaborative Care, P.C.	.AZ	OTH	Collaborative Care Holdings, LLC	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	36-4053840				Greensboro Specialty Surgery Center, LLC	.NC	NIA	NSC Greensboro West, LLC	Influence	50.100	UnitedHealth Group Incorporated		5
		.00000	74-2411643				Greenville Surgery Center, LLC	.TX	NIA	THR-SCA Holdings, LLC	Influence	57.500	UnitedHealth Group Incorporated		5
		.00000	33-0749339				Grossmont Surgery Center, L.P.	.CA	NIA	Medical Surgical Centers of America, Inc.	Influence	33.280	UnitedHealth Group Incorporated		5
		.00000	33-0749339				Grossmont Surgery Center, L.P.	.CA	NIA	SunSurgery, LLC	Influence	1.000	UnitedHealth Group Incorporated		5
		.00000	01-0619096				Grove Place Surgery Center, L.L.C.		NIA	SCA-Grove Place, LLC	Ownership	52.580	UnitedHealth Group Incorporated		2
		.00000	98-0213198				H&W Indemnity (SPC), Ltd.	.CYM	NIA	UnitedHealth Group Incorporated	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	26-1227494				H.I. Investments Holding Company, LLC		NIA	Health Inventures, LLC	Ownership	100.000	UnitedHealth Group Incorporated		5
.0707	UnitedHealth Group Incorporated	.79480	35-1279304				Harken Health Insurance Company	.WI	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		5
		.00000	58-2065044				Hawthorn Place Outpatient Surgery Center, L.P.	.GA	NIA	SHC Hawthorn, Inc.	Influence	38.000	UnitedHealth Group Incorporated		5
		.00000	27-4579547				Hays Surgery Center, LLC		NIA	SCA Hays Holdings, LLC	Influence	27.270	UnitedHealth Group Incorporated		5
		.00000					hCentive, Inc.		NIA	Optum Government Solutions, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	20-5944768				Health Inventures Employment Solutions, LLC	.DE	NIA	Health Inventures, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	04-3723090				Health Inventures, LLC		NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
0707	UnitedHealth Group Incorporated	00000	98-0153069				Health Net Services (Cayman) PIC	CYM	NIA	H&W Indemnity (SPC), Ltd.	Ownership	100.000	UnitedHealth Group Incorporated		2
		96342	88-0201035				Health Plan of Nevada, Inc.		IA	Sierra Health Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		2
		00000	95-4763349				HealthAllies, Inc.		NIA	OptumHealth Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		2
		00000	77-0693060				Healthcare Solutions, Inc.		NIA	OptumRx Administrative Services, LLC	Ownership	100.000	UnitedHealth Group Incorporated		2
		00000	20-3349887				HealthEast Surgery Center-Maplewood, LLC		NIA	H.I. Investments Holding Company, LLC	Influence	25.962	UnitedHealth Group Incorporated		5
		00000					HealthFirst IPA, Inc.		NIA	New West Physicians, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	98-1443161				Help S.A.	CHL	NIA	Banmedica S.A.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000					Help Service S.A.	CHL	NIA	Banmedica S.A.	Ownership	100.000	UnitedHealth Group Incorporated		2
		00000					Hemonefro – Hemodiálise e Nefrologia Ltda	BRA	NIA	Esho – Empresa de Serviços Hospitalares S.A.	Influence	28.500	UnitedHealth Group Incorporated		5
		00000	46-5291602				HFHS-SCA Holdings, LLC		NIA	SC Affiliates, LLC	Influence	49.000	UnitedHealth Group Incorporated		5
		00000	84-1472832				Highlands Ranch Healthcare, LLC		NIA	Urgent Care MSO, LLC	Ownership	100.000	UnitedHealth Group Incorporated		2
		00000	98-1452260				Home Medical S.A.	CHL	NIA	Help S.A.	Ownership	99.998	UnitedHealth Group Incorporated		
		00000	98-1452260				Home Medical S.A.	CHL	NIA	Saden S.A.	Ownership	0.002	UnitedHealth Group Incorporated		
		00000					Homecare Dimensions of Florida, Inc.		OTH	WellMed Networks, Inc.	Influence	0.000	UnitedHealth Group Incorporated		4
		00000					Homecare Dimensions, Inc.	TX	OTH	WellMed Networks, Inc.	Influence	0.000	UnitedHealth Group Incorporated		4
		00000	20-8910978				Hospice Inspiris Holdings, Inc.	TN	NIA	Inspiris, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	98-1286038				Hospitais Associados de Pernambuco Ltda.	BRA	NIA	Esho – Empresa de Serviços Hospitalares S.A.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000					Hospital Alvorada de Taguatinga Ltda.	BRA	NIA	Anil Assistência Médica Internacional S.A.	Ownership	82.595	UnitedHealth Group Incorporated		2
		00000					Hospital Alvorada de Taguatinga Ltda.	BRA	NIA	Bosque Medical Center Ltda.	Ownership	9.310	UnitedHealth Group Incorporated		2
		00000					Hospital Alvorada de Taguatinga Ltda.	BRA	NIA	Hospital Samaritano de São Paulo Ltda.	Ownership	8.094	UnitedHealth Group Incorporated		2
		00000	98-1389272				Hospital Ana Costa S.A.	BRA	NIA	Piano de Saúde Ana Costa Ltda.	Ownership	98.670	UnitedHealth Group Incorporated		2
		00000	98-1389272				Hospital Ana Costa S.A.	BRA	NIA	Hospital Alvorada de Taguatinga Ltda.	Ownership	1.042	UnitedHealth Group Incorporated		2
		00000	98-1310065				Hospital de Clínicas de Jacarepaguá Ltda.	BRA	NIA	Esho – Empresa de Serviços Hospitalares S.A.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	98-1310065				Hospital de Clínicas de Jacarepaguá Ltda.	BRA	NIA	Cemed Care – Empresa de Atendimento Clínico Geral Ltda.	Ownership	0.000	UnitedHealth Group Incorporated		5
		00000	98-1328324				Hospital Samaritano de São Paulo Ltda.	BRA	NIA	Esho – Empresa de Serviços Hospitalares S.A.	Ownership	99.990	UnitedHealth Group Incorporated		2
		00000	98-1328324				Hospital Samaritano de São Paulo Ltda.	BRA	NIA	Anico Saúde Ltda.	Ownership	0.000	UnitedHealth Group Incorporated		2
		00000	98-1332673				Hospital Santa Helena S.A.	BRA	NIA	Elual Participações S.A.	Ownership	65.210	UnitedHealth Group Incorporated		2
		00000	98-1332673				Hospital Santa Helena S.A.	BRA	NIA	Esho – Empresa de Serviços Hospitalares S.A.	Ownership	33.600	UnitedHealth Group Incorporated		2
		00000	26-2912304				Humedica, Inc.		NIA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	36-4331825				Hygeia Corporation		NIA	UnitedHealth International, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		2
		00000	98-1106075				Hygeia Corporation (Ontario)	CAN	NIA	UnitedHealth Group International L.P.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	45-4148032				IEC Holdings, LLC		NIA	SCA IEC Holdings, LLC	Influence	49.000	UnitedHealth Group Incorporated		5
		00000	82-1341098				Illinois Independent Care Network		NIA	Surgical Care Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		2
		00000	98-1122694				Imed Star – Serviços de Desempenho Organizacional Ltda.	BRA	NIA	Optum Health & Technology Serviços do Brasil Ltda.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	98-1122694				Imed Star – Serviços de Desempenho Organizacional Ltda.	BRA	NIA	UHG Brasil Participações S.A.	Ownership	0.000	UnitedHealth Group Incorporated		
		00000	20-4351923				Impel Consulting Experts, L.L.C.	TX	NIA	Impel Management Services, L.L.C.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	75-2574317				Impel Management Services, L.L.C.	TX	NIA	USMD Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	27-3296953				IN Style OPTICAL, LLC	MA	OTH	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		00000	26-0711388				Indian River Surgery Properties, LLC	FL	NIA	Surgery Center of Vero Beach, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	45-4132005				Indiana Care Organization, LLC		NIA	AHN Target Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	62-1641102				Ingram & Associates, LLC		NIA	Optum360, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	33-0618077				Inland Faculty Medical Group, Inc.		OTH	NAMM Medical Group Holdings, Inc.	Influence	0.000	UnitedHealth Group Incorporated		4
		00000	33-0018673				Inland Surgery Center, L.P.	CA	NIA	Redlands Ambulatory Surgery Center	Influence	51.000	UnitedHealth Group Incorporated		5
		00000					Imobiliária Apoquindo 3001 S.A.	CHL	NIA	Imobiliária Apoquindo S.A.	Ownership	99.999	UnitedHealth Group Incorporated		5
		00000					Imobiliária Apoquindo 3001 S.A.	CHL	NIA	Vida Tres Internacional S.A.	Ownership	0.001	UnitedHealth Group Incorporated		2

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Per-centage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
		.00000	98-1458683				Inmobiliaria Apoquindo 3600 Ltda. ....	.CHL	NIA.....	Banmédica S.A.	Ownership.....	99.700	UnitedHealth Group Incorporated .....		.1
		.00000	98-1458683				Inmobiliaria Apoquindo 3600 Ltda. ....	.CHL	NIA.....	Inmobiliaria Apoquindo 3001 S.A.	Ownership.....	0.300	UnitedHealth Group Incorporated .....		.2
		.00000	98-1443174				Inmobiliaria Apoquindo S.A. ....	.CHL	NIA.....	Banmédica S.A.	Ownership.....	100.000	UnitedHealth Group Incorporated .....		.5
		.00000	98-1458682				Inmobiliaria Clínica Santa María S.A. ....	.CHL	NIA.....	Banmédica S.A.	Ownership.....	99.433	UnitedHealth Group Incorporated .....		.2
		.00000	98-1454653				Inmobiliaria e Inversiones Alameda S.A. ....	.CHL	NIA.....	Banmédica S.A.	Ownership.....	99.980	UnitedHealth Group Incorporated .....		.2
		.00000	98-1454653				Inmobiliaria e Inversiones Alameda S.A. ....	.CHL	NIA.....	Saden S.A.	Ownership.....	0.020	UnitedHealth Group Incorporated		
		.00000	98-1460922				Inmobiliaria Viñamed Ltda. ....	.CHL	NIA.....	Administradora Médica Centromed S.A.	Ownership.....	99.900	UnitedHealth Group Incorporated .....		.2
		.00000	47-5640889				INOVB Surgical at Memorial City, LLC .....	.TX	NIA.....	Memorial City Partners, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	88-0482274				inPharmative, Inc. ....	.NV	NIA.....	OptumRx Health Solutions, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
							Inspiris Medical Services of New Jersey, P.C.								
		.00000	45-2563134						.OTH.....	Physician(s) owned	Influence.....	0.000	UnitedHealth Group Incorporated .....		.4
		.00000	27-1561674				INSPIRIS of Michigan Medical Services, P.C. .		.OTH.....	Physician(s) owned	Influence.....	0.000	UnitedHealth Group Incorporated .....		.4
		.00000	13-4138668				INSPIRIS of New York IPA, Inc. ....	.NY	NIA.....	Inspiris, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated .....		.2
		.00000	13-4138665				INSPIRIS of New York Management, Inc. ....	.NY	NIA.....	Inspiris, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	13-4168739				INSPIRIS of New York Medical Services, P.C. .	.NY	.OTH.....	Physician(s) owned	Influence.....	0.000	UnitedHealth Group Incorporated .....		.4
							INSPIRIS of Pennsylvania Medical Services, P.C. ....	.PA	.OTH.....	Physician(s) owned	Influence.....	0.000	UnitedHealth Group Incorporated .....		.4
		.00000	26-2885572				INSPIRIS of Texas Physician Group		NIA.....	Optum Care Services Company	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	33-0766366				Inspiris, Inc.		NIA.....	Collaborative Care Holdings, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	98-1452273				Inversiones Clínicas Santa María S.A. ....	.CHL	NIA.....	Banmédica S.A.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	98-1448096				Isapre Banmédica S.A. ....	.CHL	.IA.....	Banmédica S.A.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000					Isapre Vida Tres S.A. ....	.CHL	.IA.....	Banmédica S.A.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	20-5337793				Johnston Surgicare, L.P.		NIA.....	Blackstone Valley Surgicare GP, LLC	Ownership.....	99.000	UnitedHealth Group Incorporated		
		.00000	20-5337793				Johnston Surgicare, L.P.		NIA.....	Surgery Center Holding, LLC	Ownership.....	1.000	UnitedHealth Group Incorporated		
		.00000	74-2544709				Joliet Surgery Center Limited Partnership		NIA.....	Surgicare of Joliet, Inc.	Ownership.....	54.030	UnitedHealth Group Incorporated .....		.2
		.00000	98-1456202				Laboratorio ROE S.A. ....	.PER	NIA.....	Pacifico S.A. Entidad Prestadora de Salud .	Ownership.....	99.990	UnitedHealth Group Incorporated .....		.1
.0707	UnitedHealth Group Incorporated .....	.00000					Laboratorios Médicos Amed Quilpué S.A. ....	.CHL	NIA.....	Centromed Quilpué S.A.	Ownership.....	99.900	UnitedHealth Group Incorporated .....		.2
		.00000	61-1028180				Lexington Surgery Center, Ltd. ....	.KY	NIA.....	Surgery Center of Lexington, LLC	Influence.....	73.000	UnitedHealth Group Incorporated .....		.5
		.00000	36-3468942				LGH-A/GOLF ASTC, L.L.C. ....	.OH	NIA.....	Advocate-SCA Partners, LLC	Influence.....	36.950	UnitedHealth Group Incorporated .....		.5
		.00000	81-4465348				Liberty Anesthesia Services, LLC .....	.IL	NIA.....	Winchester Endoscopy, LLC	Ownership.....	51.000	UnitedHealth Group Incorporated .....		.2
							Lifeprint Accountable Care Organization, LLC								
		.00000	32-0409538					.DE	NIA.....	Collaborative Care Holdings, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated .....		.5
		.00000	45-3143218				Lifeprint East, Inc. ....	.DE	NIA.....	Collaborative Care Holdings, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	27-2309024				LifePrint Health, Inc. ....	.DE	NIA.....	Collaborative Care Holdings, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated .....		.2
		.00000	39-1974851				Logistics Health, Inc. ....	.WI	NIA.....	OptumHealth Holdings, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
							Lotten-Eyes Oftalmologia Clinica e Cirurgica Ltda. ....	.BRA	NIA.....	Hospital Alvorada de Taguatinga Ltda.	Ownership.....	99.990	UnitedHealth Group Incorporated .....		.2
							Lotten-Eyes Oftalmologia Clinica e Cirurgica Ltda.			Esho – Empresa de Serviços Hospitalares S.A.	Ownership.....	0.000	UnitedHealth Group Incorporated .....		.2
		.00000	98-1337963					.BRA	NIA.....						
		.00000	62-1179566				Louisville S.C., Ltd. ....	.KY	NIA.....	Surgery Center of Louisville, LLC	Ownership.....	65.400	UnitedHealth Group Incorporated .....		.2
		.00000	62-1179538				Louisville-SC Properties, Inc. ....	.KY	NIA.....	SC Affiliates, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated .....	.00000	36-4119519				Loyola Ambulatory Surgery Center at Oakbrook, Inc. ....	.IL	NIA.....	ASC Network, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
							Loyola Ambulatory Surgery Center at Oakbrook, L.P. ....	.IL	NIA.....						
		.00000	36-4119522							Oakbrook, Inc.	Influence.....	45.000	UnitedHealth Group Incorporated .....		.5
		.00000	98-1137620				Lusiadas – Parcerias Cascais, S.A. ....	.PRT	NIA.....	Lusiadas, SGPS, S.A.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	98-1139095				Lusiadas A.C.E. ....	.PRT	NIA.....	Lusiadas, SGPS, S.A.	Ownership.....	55.000	UnitedHealth Group Incorporated		
		.00000	98-1139095				Lusiadas A.C.E. ....	.PRT	NIA.....	Lusiadas, S.A.	Ownership.....	20.000	UnitedHealth Group Incorporated		
		.00000	98-1139095				Lusiadas A.C.E. ....	.PRT	NIA.....	CLISA – Clínica de Santo António, S.A.	Ownership.....	10.000	UnitedHealth Group Incorporated		
		.00000	98-1139095				Lusiadas A.C.E. ....	.PRT	NIA.....	Lusiadas – Parcerias Cascais, S.A.	Ownership.....	10.000	UnitedHealth Group Incorporated		
										Clínica Médico Cirúrgica de Santa Tecla, S.A.	Ownership.....	5.000	UnitedHealth Group Incorporated		
		.00000	98-1139095				Lusiadas A.C.E. ....	.PRT	NIA.....						
		.00000	98-1139089				Lusiadas, S.A. ....	.PRT	NIA.....	Lusiadas, SGPS, S.A.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	98-1138570				Lusiadas, SGPS, S.A. ....	.PRT	NIA.....	AMIL International	Ownership.....	100.000	UnitedHealth Group Incorporated		

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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		.00000	52-2129787				MAMSI Insurance Resources, LLC	MD	NIA	OneNet PPO, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.60321	52-1803283				MAMSI Life and Health Insurance Company	MD	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.00000	14-1782475				Managed Physical Network, Inc.	NY	NIA	OptumHealth Care Solutions, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	20-2880404				March Holdings, Inc.		NIA	Specialty Benefits, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	95-4874334				March Vision Care Group, Incorporated	CA	OTH	California Spring Holdings, PC	Influence	0.000	UnitedHealth Group Incorporated		.4
		.00000	27-3115058				March Vision Care IPA, Inc.	NY	OTH	California Spring Holdings, PC	Influence	0.000	UnitedHealth Group Incorporated		.4
		.00000	20-3042852				March Vision Care, Inc.	CA	NIA	March Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	26-2637247				Marin Specialty Surgery Center, LLC	CA	NIA	MGH/SCA, LLC	Influence	.51.000	UnitedHealth Group Incorporated		.5
		.00000	26-2601943				Marin Surgery Holdings, Inc.	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	52-1456812				Maryland Ambulatory Centers	MD	NIA	Maryland-SCA Centers, LLC	Ownership	50.000	UnitedHealth Group Incorporated		.2
		.00000	52-1401791				Maryland-SCA Centers, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		.2
		.00000					Massachusetts Assurance Co., Ltd.	CYM	NIA	Collaborative Care Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		.5
		.00000	20-0815305				Massachusetts Avenue Surgery Center, LLC	MD	NIA	SCA-Bethesda, LLC	Ownership	.56.690	UnitedHealth Group Incorporated		.2
		.00000	43-1967820				Mat-Rx Development, L.L.C.	TX	OTH	WellMed Networks, Inc.	Influence	0.000	UnitedHealth Group Incorporated		.4
		.00000	62-1600267				McKenzie Surgery Center, L.P.	TN	NIA	SCA-Eugene, Inc.	Ownership	92.000	UnitedHealth Group Incorporated		.2
							North American Medical Management								
.0707	UnitedHealth Group Incorporated	.00000	42-1741594				MD Ops, Inc.	CA	NIA	California, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		.2
		.96310	52-1169135				MD-Individual Practice Association, Inc.	MD	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	83-1183650				ME AHS UC LLC	DE	NIA	Urgent Care MSO, LLC	Ownership	70.000	UnitedHealth Group Incorporated		.2
		.00000	81-0936574				ME Urgent Care Nebraska, Inc.	NE	OTH	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
										Optum Health & Technology Serviços do					
		.00000	98-1286220				Medalliance Net Ltda.	BRA	NIA	Brasil Ltda.	Ownership	100.000	UnitedHealth Group Incorporated		.2
		.00000	98-1286220				Medalliance Net Ltda.	BRA	NIA	UHG Brasil Participações S.A.	Ownership	0.000	UnitedHealth Group Incorporated		.5
		.00000	52-2178531				MEDEX Insurance Services, Inc.	MD	NIA	FrontierMEDEX, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		.2
		.00000	20-3824377				MedExpress Development, LLC	FL	NIA	Urgent Care MSO, LLC	Ownership	100.000	UnitedHealth Group Incorporated		.2
		.00000	81-1265129				MedExpress Employed Services, Inc.	DE	OTH	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
		.00000	81-4550969				MedExpress Primary Care Arizona P.C.	AZ	OTH	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
		.00000	81-4605885				MedExpress Primary Care Kansas, P.A.	KS	OTH	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
		.00000	82-3384324				MedExpress Primary Care Maryland, P.C.	MD	OTH	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
		.00000	82-1096099				MedExpress Primary Care Massachusetts, P.C.	MA	OTH	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
		.00000	81-4396738				MedExpress Primary Care Minnesota P.C.	MN	OTH	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
		.00000	83-1077265				MedExpress Primary Care Oklahoma, P.C.	OK	OTH	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
							MedExpress Primary Care South Carolina, P.C.								
		.00000	83-0764858					SC	OTH	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
		.00000	82-3395792				MedExpress Primary Care Virginia, P.C.		OTH	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
		.00000	82-4401181				MedExpress Primary Care West Virginia, Inc.	WV	OTH	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
		.00000	81-4563448				MedExpress Primary Care Wisconsin, S.C.	WI	OTH	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
		.00000	45-5388778				MedExpress Urgent Care – New Jersey, P.C.	NJ	OTH	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
							MedExpress Urgent Care – Northern New Jersey								
		.00000	83-2089623				PC	NJ	OTH	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
		.00000	32-0533926				MedExpress Urgent Care Alabama, LLC	AL	NIA	Urgent Care Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	81-4030280				MedExpress Urgent Care Arizona, P.C.	AZ	OTH	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
.0707	UnitedHealth Group Incorporated	.00000	46-4348120				MedExpress Urgent Care Arkansas, P.A.	AR	OTH	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
		.00000	82-0930142				MedExpress Urgent Care California, P.C.	CA	OTH	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
.0707	UnitedHealth Group Incorporated	.00000	81-1956812				MedExpress Urgent Care Connecticut, P.C.	CT	OTH	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
		.00000	82-1135336				MedExpress Urgent Care Idaho, P.C.	ID	OTH	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
.0707	UnitedHealth Group Incorporated	.00000	47-4308614				MedExpress Urgent Care Illinois, P.C.	IL	OTH	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
		.00000	81-5353472				MedExpress Urgent Care Iowa, P.C.	IA	OTH	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
		.00000	47-1919283				MedExpress Urgent Care Kansas, P.A.	KS	OTH	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
		.00000	82-1719888				MedExpress Urgent Care Maine, Inc.	ME	NIA	Urgent Care Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		.2
		.00000	81-1125396				MedExpress Urgent Care Minnesota P.C.	MN	OTH	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
		.00000	47-3132625				MedExpress Urgent Care Missouri P.C.	MO	OTH	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
		.00000	82-0631738				MedExpress Urgent Care New Hampshire, Inc.	NH	NIA	Urgent Care Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	81-5138747				MedExpress Urgent Care North Carolina, P.C.	NC	OTH	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4

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SCHEDULE Y
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		.00000	20-2545363				MedExpress Urgent Care of Boynton Beach, LLC	FL	NIA	MedExpress Development, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	82-1919436				MedExpress Urgent Care Oregon, P.C.	OR	OTH	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
		.00000	81-5362765				MedExpress Urgent Care Rhode Island, P.C.	RI	OTH	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
		.00000	81-5380706				MedExpress Urgent Care South Carolina, P.C.	SC	OTH	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
		.00000	47-5147441				MedExpress Urgent Care Texas, P.A.	TX	OTH	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
		.00000	82-2443118				MedExpress Urgent Care Washington, P.C.	WA	OTH	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
		.00000	81-4281678				MedExpress Urgent Care Wisconsin, S.C.	WI	OTH	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
		.00000					MedExpress Urgent Care, Inc. - Ohio	OH	NIA	Urgent Care Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
							MedExpress Urgent Care, Inc. - West Virginia								
		.00000	26-4546400						OTH	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
		.00000	47-1804667				MedExpress Urgent Care, P.C. - Georgia		OTH	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
		.00000	90-0929572				MedExpress Urgent Care, P.C. - Indiana		OTH	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
		.00000	45-3461101				MedExpress Urgent Care, P.C. - Maryland	MD	OTH	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
							MedExpress Urgent Care, P.C. - Massachusetts								
		.00000	47-1857908					MA	OTH	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
.0707	UnitedHealth Group Incorporated	.00000	46-4793937	3202702			MedExpress Urgent Care, P.C. - Michigan	MI	OTH	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
		.00000	47-1824365				MedExpress Urgent Care, P.C. - Oklahoma	OK	OTH	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
		.00000	26-3750502				MedExpress Urgent Care, P.C. - Pennsylvania	PA	OTH	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
		.00000	45-4973138				MedExpress Urgent Care, P.C. - Tennessee	TN	OTH	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
		.00000	45-3123110				MedExpress Urgent Care, P.C. - Virginia	VA	OTH	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
		.00000	83-1565124				MedExpress Urgent Care, P.S.C. - Kentucky	KY	OTH	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
		.00000	45-5436856				MedExpress, Inc. - Delaware	DE	OTH	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
.0707	UnitedHealth Group Incorporated	.12756	20-3391186				Medica Health Plans of Florida, Inc.	FL	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.12155	01-0788576				Medica HealthCare Plans, Inc.	IA	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	75-2566987				Medical Clinic of North Texas, PLLC		OTH	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
		.00000					Medical Hille S.A.	CHL	NIA	Home Medical S.A.	Ownership	100.000	UnitedHealth Group Incorporated		
							Medical Support Los Angeles, A Medical Corporation		OTH	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		.4
		.00000	26-0636717				Medical Surgical Centers of America, Inc.		NIA	ASC Network, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	32-0037402				Medical Transportation Services, LLC		NIA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	20-4635837				Medication Management Systems, Inc.	MN	NIA	Genoa Healthcare LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	75-2515691				MedSynergies, LLC		NIA	Mustang Razorback Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	58-2101921				Melbourne Surgery Center, LLC		NIA	Surgical Care Partners of Melbourne, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	82-4964787				Memorial City Holdings, LLC		NIA	SCA-Memorial City, LLC	Ownership	51.000	UnitedHealth Group Incorporated		.2
		.00000	82-3689933				Memorial City Partners, LLC		NIA	Memorial City Holdings, LLC	Ownership	51.000	UnitedHealth Group Incorporated		.2
										MHIPA Physician Two Holdco, A Medical Corporation	Influence	0.000	UnitedHealth Group Incorporated		.4
		.00000	95-4688463				Memorial Healthcare IPA, GP		OTH	MH Physician Three Holdco, A Medical Corporation	Influence	0.000	UnitedHealth Group Incorporated		.4
		.00000	95-4688463				Memorial Healthcare IPA, GP	CA	OTH	Corporation	Influence	0.000	UnitedHealth Group Incorporated		.4
		.00000	26-1394069				MemorialCare Surgical Center at Orange Coast, LLC	CA	NIA	Beach Surgical Holdings, LLC	Influence	51.000	UnitedHealth Group Incorporated		.5
							MemorialCare Surgical Center at Saddleback, LLC		NIA	Beach Surgical Holdings, LLC	Influence	53.050	UnitedHealth Group Incorporated		.5
		.00000	20-3678259				Memphis-SC, LLC		NIA	SCA-Shelby Development Corp.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	62-1590322				Memphis-SP, LLC		NIA	Shelby Surgery Properties, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	52-2303928				Metropolitan Medical Partners, LLC		NIA	SCA-Chevy Chase, LLC	Ownership	60.830	UnitedHealth Group Incorporated		.2
							Metropolitan Medical Transportation IPA, LLC								
		.00000	20-8998927						NIA	National MedTrans, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	38-3861395				MGH/SCA, LLC		NIA	Marin Surgery Holdings, Inc.	Influence	49.000	UnitedHealth Group Incorporated		.5
		.00000	27-2252446				MHC Real Estate Holdings, LLC	CA	NIA	Monarch Management Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	80-0507474				MHCH, Inc.	CA	OTH	Monarch HealthCare, A Medical Group, Inc.	Influence	0.000	UnitedHealth Group Incorporated		.4
.0707	UnitedHealth Group Incorporated	.00000	36-4600281				MIAMI SURGERY CENTER, LLC	DE	NIA	SCA-Doral, LLC	Ownership	50.180	UnitedHealth Group Incorporated		.2
		.00000	20-3345412				Midlands Orthopaedics Surgery Center, LLC	SC	NIA	SCA-Midlands, LLC	Influence	49.000	UnitedHealth Group Incorporated		.5

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SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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		.00000	20-8103522				Midwest Center for Day Surgery, LLC		NIA.....	Advocate-SCA Partners, LLC	Ownership.....	53.224	UnitedHealth Group Incorporated		2
		.00000	83-0543458				Mile High SurgiCenter, LLC	CO.....	NIA.....	SCA-Mile High Holdings, LLC	Ownership.....	55.000	UnitedHealth Group Incorporated		2
		.00000	27-2439806				Mississippi Surgery Holdings, LLC		NIA.....	SCA Surgery Holdings, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	46-3949765				MN Waypoint Sports Physical Therapy, Inc.		NIA.....	Orthology, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	30-0445773				Mobile Medical Services, P.C.	NY.....	OTH.....	Physician(s) owned	Influence.....	0.000	UnitedHealth Group Incorporated		4
		.00000	63-0883553				Mobile-SC, LTD.	AL.....	NIA.....	SCA-Mobile, LLC	Influence.....	33.000	UnitedHealth Group Incorporated		5
		.00000	31-1191553				Modern Medical, Inc.		NIA.....	Healthcare Solutions, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	22-3935634				Monarch Health Plan, Inc.	CA.....	OTH.....	Monarch HealthCare, A Medical Group, Inc.	Influence.....	0.000	UnitedHealth Group Incorporated		4
										MH Physician Three Holdco, A Medical					
		.00000	33-0587660				Monarch HealthCare, A Medical Group, Inc.	CA.....	OTH.....	Corporation	Influence.....	0.000	UnitedHealth Group Incorporated		4
		.00000	30-0606451				Monarch Hospice, LLC	CA.....	OTH.....	MHCH, Inc.	Influence.....	0.000	UnitedHealth Group Incorporated		4
		.00000	45-3142852				Monarch Management Services, Inc.	DE.....	NIA.....	Collaborative Care Holdings, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
							Montgomery Surgery Center Limited Partnership								
		.00000	52-1401868					MD.....	NIA.....	Maryland Ambulatory Centers	Ownership.....	77.000	UnitedHealth Group Incorporated		2
		.00000	81-1633765				MSLA Management LLC	DE.....	NIA.....	Logistics Health, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	62-1506649				Mt. Pleasant Surgery Center, L.P.		NIA.....	SCA-Mt. Pleasant, LLC	Ownership.....	98.000	UnitedHealth Group Incorporated		2
										Esho – Empresa de Serviços Hospitalares					
		.00000	98-1285432				Multiangio Ltda.	BRA.....	NIA.....	S.A.	Ownership.....	93.000	UnitedHealth Group Incorporated		2
		.00000	20-4209261				Muskogee Surgical Investors, LLC	OK.....	NIA.....	Surgery Center of Muskogee, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	47-1935798				Mustang Razorback Holdings, Inc.		NIA.....	OptumInsight, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	26-2564744				My Wellness Solutions, LLC		NIA.....	OptumHealth Care Solutions, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	20-3236839				NAMM Holdings, Inc.		NIA.....	Aveta Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	56-2627070				NAMM Medical Group Holdings, Inc.	CA.....	OTH.....	Physician(s) owned	Influence.....	0.000	UnitedHealth Group Incorporated		4
		.00000	61-1627269				NAMM MGH, Inc.		OTH.....	Physician(s) owned	Influence.....	0.000	UnitedHealth Group Incorporated		4
		.00000	62-1468431				Nashville-SCA Surgery Centers, Inc.	TN.....	NIA.....	SC Affiliates, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	47-2336925	3119994			National MedTrans, LLC	NY.....	NIA.....	Specialty Benefits, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.95251	76-0196559				National Pacific Dental, Inc.	TX.....	IA.....	Dental Benefit Providers, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		2
		.00000	36-3549627				National Surgery Centers, LLC	DE.....	NIA.....	Surgical Care Affiliates, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.95123	65-0996107				Neighborhood Health Partnership, Inc.	FL.....	IA.....	UnitedHealthcare, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		2
		.00000	20-4755277				Netwerkes, LLC	TN.....	NIA.....	Optum360 Solutions, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.95758	88-0228572				Nevada Pacific Dental	NV.....	IA.....	Dental Benefit Providers, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
							New Orleans Regional Physician Hospital								
		.00000	72-1267232				Organization, L.L.C.	LA.....	NIA.....	UnitedHealthcare, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	84-1250135				New West Physicians, Inc.		NIA.....	Newton Holdings, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000					Newton Holdings, LLC	DE.....	NIA.....	Collaborative Care Holdings, LLC	Ownership.....	80.100	UnitedHealth Group Incorporated		2
							North American Medical Management California,								
		.00000	33-0673955				Inc.	TN.....	NIA.....	NAMM Holdings, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	27-2248103				North Dallas Surgical Center, LLC	DE.....	NIA.....	THR-SCA Holdings, LLC	Influence.....	51.000	UnitedHealth Group Incorporated		5
		.00000	88-0245121				Northern Nevada Health Network, Inc.	NV.....	NIA.....	Sierra Health Services, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	63-1240726				Northern Rockies Surgery Center, L.P.	TN.....	NIA.....	Northern Rockies Surgicenter, Inc.	Ownership.....	51.000	UnitedHealth Group Incorporated		2
		.00000	81-0399251				Northern Rockies Surgicenter, Inc.	MT.....	NIA.....	National Surgery Centers, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	37-1007387				Northwest Surgicare, LLC	DE.....	NIA.....	Surgery Center Holding, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
							Northwest Surgicare, Ltd., an Illinois								
		.00000	75-2494046				Limited Partnership	IL.....	NIA.....	Northwest Surgicare, LLC	Ownership.....	61.000	UnitedHealth Group Incorporated		2
		.00000	56-1754480				NSC Fayetteville, LLC	DE.....	NIA.....	National Surgery Centers, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	56-1775016				NSC Greensboro, LLC	DE.....	NIA.....	National Surgery Centers, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	36-4210296				NSC Lancaster, LLC	DE.....	NIA.....	National Surgery Centers, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	91-1553479				NSC Seattle, Inc.	WA.....	NIA.....	National Surgery Centers, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	33-0812824				NSC Upland, LLC	DE.....	NIA.....	National Surgery Centers, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	98-1454609				Omesa S.A.	CHL.....	NIA.....	Vidaintegra S.A.	Ownership.....	99.990	UnitedHealth Group Incorporated		
		.00000	98-1454609				Omesa S.A.	CHL.....	NIA.....	Saden S.A.	Ownership.....	0.010	UnitedHealth Group Incorporated		
		.00000	98-1456252				Oncocare S.A.C.	PER.....	NIA.....	Pacifico S.A. Entidad Prestadora de Salud	Ownership.....	80.000	UnitedHealth Group Incorporated		2
		.00000	52-2129786				OneNet PPO, LLC	MD.....	NIA.....	UnitedHealthcare Insurance Company	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	26-1914835				OPHTHALMOLOGY SURGERY CENTER OF DALLAS, LLC	TX.....	NIA.....	THR-SCA Holdings, LLC	Influence.....	51.000	UnitedHealth Group Incorporated		5

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0707	UnitedHealth Group Incorporated	96940	52-1518174	3202702			Optimum Choice, Inc.	MD	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-0858534				Optum Bank, Inc.	UT	NIA	OptumHealth Financial Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	36-3437660				Optum Biometrics, Inc.	IL	NIA	OptumHealth Care Solutions, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	26-0683057				Optum Care Services Company	TN	NIA	Inspiris, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	83-1959511				Optum Care, Inc.	DE	NIA	Collaborative Care Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		5
		.00000	75-2778455				Optum Clinic, P.A.	TX	OTH	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	37-1782217				Optum Clinics Holdings, Inc.	DE	NIA	Collaborative Care Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		4
		.00000	38-3969193				Optum Clinics Intermediate Holdings, Inc.	DE	NIA	Optum Clinics Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000					Optum Digital Health Holdings, LLC	DE	NIA	Consumer Wellness Solutions, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
										UnitedHealthcare International VIII S.à r.l.					
		.00000	98-1325466				Optum Finance (Ireland) Unlimited Company	IRL	NIA		Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1103015				Optum Global Solutions (India) Private Limited	IND	NIA	Optum Global Solutions International B.V.	Ownership	99.999	UnitedHealth Group Incorporated		
							Optum Global Solutions (India) Private Limited	IND	NIA	UnitedHealth International, Inc.	Ownership	0.001	UnitedHealth Group Incorporated		
		.00000	98-1103015				Optum Global Solutions (Philippines), Inc.	PHL	NIA	Optum Global Solutions International B.V.	Ownership	99.992	UnitedHealth Group Incorporated		2
		.00000	98-1201187				Optum Global Solutions International B.V.	NLD	NIA	Optum Technology, Inc.	Ownership	97.480	UnitedHealth Group Incorporated		
		.00000	98-1201187				Optum Global Solutions International B.V.	NLD	NIA	OptumHealth International B.V.	Ownership	2.520	UnitedHealth Group Incorporated		
		.00000	04-3574101				Optum Government Solutions, Inc.	DE	NIA	OptumInsight, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		5
							Optum Health & Technology (Hong Kong) Limited	CHN	NIA	OptumHealth International B.V.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1095799				Optum Health & Technology (India) Private Limited	IND	NIA	OptumHealth International B.V.	Ownership	99.999	UnitedHealth Group Incorporated		
0707	UnitedHealth Group Incorporated	.00000	98-1095799				Optum Health & Technology (India) Private Limited	IND	NIA	United Behavioral Health	Ownership	0.001	UnitedHealth Group Incorporated		
0707	UnitedHealth Group Incorporated	.00000	98-1097886				Optum Health & Technology (Singapore) Pte. Ltd.	SGP	NIA	OptumHealth International B.V.	Ownership	100.000	UnitedHealth Group Incorporated		
0707	UnitedHealth Group Incorporated	.00000	98-1095879				Optum Health & Technology (UK) Limited	GBR	NIA	Optum UK Solutions Group Limited	Ownership	100.000	UnitedHealth Group Incorporated		
0707	UnitedHealth Group Incorporated	.00000	20-2149493				Optum Health & Technology (US), LLC	MO	NIA	OptumHealth Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	43-1747235				Optum Health & Technology Holdings (US), Inc.	MO	NIA	Optum, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1184561				Optum Health & Technology Serviços do Brasil Ltda.	BRA	NIA	Optum Global Solutions International B.V.	Ownership	99.996	UnitedHealth Group Incorporated		
		.00000	98-1184561				Optum Health & Technology Serviços do Brasil Ltda.	BRA	NIA	OptumInsight, Inc.	Ownership	0.004	UnitedHealth Group Incorporated		
0707	UnitedHealth Group Incorporated	.00000	98-1276517				Optum Health and Technology FZ-LLC	ARE	NIA	Optum Global Solutions International B.V.	Ownership	100.000	UnitedHealth Group Incorporated		
0707	UnitedHealth Group Incorporated	.00000	98-1097921				Optum Health Services (Canada) Ltd.	CAN	NIA	Optum Health & Technology Holdings (US), Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
0707	UnitedHealth Group Incorporated	.00000	98-1406274				Optum Health Solutions (Australia) Pty Ltd.	AUS	NIA	Optum UK Solutions Group Limited	Ownership	100.000	UnitedHealth Group Incorporated		
0707	UnitedHealth Group Incorporated	.00000	98-1147355				Optum Health Solutions (UK) Limited	GBR	NIA	Optum UK Solutions Group Limited	Ownership	100.000	UnitedHealth Group Incorporated		
0707	UnitedHealth Group Incorporated	.00000	58-2068880				Optum Healthcare of Illinois, Inc.	GA	NIA	Optum Women's and Children's Health, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	20-0212381				Optum Hospice Pharmacy Services, LLC	NIA		OptumRx Health Solutions, LLC	Ownership	100.000	UnitedHealth Group Incorporated		2
0707	UnitedHealth Group Incorporated	69647	31-0628424				Optum Insurance of Ohio, Inc.	OH	IA	OptumRx PBM of Maryland, LLC	Ownership	100.000	UnitedHealth Group Incorporated		2
		.00000	46-4734521				Optum Labs Dimensions, Inc.	DE	NIA	Optum Labs, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		2
		.00000	98-1249178				Optum Labs International (UK) Ltd.	GBR	NIA	Optum, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		5
		.00000	46-1615964				Optum Labs, Inc.	DE	NIA	Optum, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		2
		.00000	98-1209730				Optum Life Sciences (Canada) Inc.	CAN	NIA	OptumInsight Life Sciences, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		5
		.00000	98-1098190				Optum Management Consulting (Shanghai) Co., Ltd.	CHN	NIA	Optum Health & Technology Holdings (US), Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	30-0826311				Optum Medical Services of California, P.C.		OTH	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	45-3866363				Optum Medical Services, P.C.		OTH	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	90-1001805				Optum Nevada Accountable Care Organization LLC	DE	NIA	Collaborative Care Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	58-1873062				Optum of New York, Inc.	NY	NIA	Optum Women's and Children's Health, LLC	Ownership	100.000	UnitedHealth Group Incorporated		

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SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
		.00000	98-1097761				Optum Operations (Ireland) Unlimited Company	.IRL	.NIA	UnitedHealthcare International VII S.à r.l.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	20-8911466				Optum Palliative and Hospice Care of Pennsylvania, Inc.	.TN	.NIA	Hospice Inspiris Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	20-8911303				Optum Palliative and Hospice Care of Texas, Inc.	.TN	.NIA	Hospice Inspiris Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		.5
		.00000	30-0226127				Optum Palliative and Hospice Care, Inc.	.DE	.NIA	Collaborative Care Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	20-4581265				Optum Public Sector Solutions, Inc.	.DE	.NIA	OptumInsight, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	46-3328009				Optum Rocket, Inc.	.DE	.NIA	OptumInsight, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	26-0543382				Optum Senior Services, LLC	.AL	.NIA	Optum Hospice Pharmacy Services, LLC	Ownership	100.000	UnitedHealth Group Incorporated		.2
.0707	UnitedHealth Group Incorporated	.00000	98-1307821				Optum Services (Ireland) Limited	.IRL	.NIA	Company	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	66-0870003				Optum Services (Puerto Rico) LLC	.PR	.NIA	UnitedHealthcare International III B.V.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	45-4683454				Optum Services, Inc.		.NIA	Optum, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1284698				Optum Solutions do Brasil – Tecnologia e Serviços de Suporte Ltda.	.BRA	.NIA	Optum Global Solutions International B.V.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1284698				Optum Solutions do Brasil – Tecnologia e Serviços de Suporte Ltda.	.BRA	.NIA	OptumInsight, Inc.	Ownership	0.000	UnitedHealth Group Incorporated		
		.00000	98-0644599				Optum Solutions UK Holdings Limited	.GBR	.NIA	Optum Health & Technology Holdings (US), Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	46-5713629				Optum Technology, Inc.	.DE	.NIA	Optum, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1097769				Optum UK Solutions Group Limited	.GBR	.NIA	Optum Solutions UK Holdings Limited	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	58-2205984				Optum Women's and Children's Health, LLC	.DE	.NIA	My Wellness Solutions, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	30-0580620	3119994			Optum, Inc.	.DE	.UIP	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	46-3983926				Optum360 Services, Inc.	.DE	.NIA	Optum Rocket, Inc.	Ownership	69.000	UnitedHealth Group Incorporated		.2
		.00000	82-3446942				Optum360 Solutions, LLC	.DE	.NIA	OptumInsight, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		.2
		.00000	46-3328307				Optum360, LLC	.DE	.NIA	Optum Rocket, Inc.	Ownership	69.000	UnitedHealth Group Incorporated		.2
		.00000	41-1591944				OptumHealth Care Solutions, LLC	.DE	.NIA	OptumInsight, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-0858530				OptumHealth Financial Services, Inc.	.DE	.NIA	OptumHealth Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-1192395				OptumHealth Holdings, LLC	.DE	.UIP	Optum, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1106868				OptumHealth International B.V.	.MLD	.NIA	Catamaran S.à r.l.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000					OptumInsight Holdings, LLC	.DE	.NIA	Optum, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	04-3383745				OptumInsight Life Sciences, Inc.	.DE	.NIA	OptumInsight, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		.2
		.00000	41-1858498				OptumInsight, Inc.	.DE	.NIA	OptumInsight Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	75-2578509				OptumRx Administrative Services, LLC	.TX	.NIA	OptumRx Holdings I, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.00000	31-1728846				OptumRx Discount Card Services, LLC	.DE	.NIA	OptumRx PBM of Illinois, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-4734235				OptumRx Group Holdings, Inc.	.DE	.NIA	Optum, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	46-0666840				OptumRx Health Solutions, LLC	.DE	.NIA	OptumRx Administrative Services, LLC	Ownership	100.000	UnitedHealth Group Incorporated		.2
		.00000	80-0870454				OptumRx Holdings I, LLC	.DE	.NIA	OptumRx Group Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000					OptumRx Holdings, LLC	.DE	.NIA	Optum, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	34-1472211				OptumRx Home Delivery of Ohio, LLC	.OH	.NIA	OptumRx Health Solutions, LLC	Ownership	100.000	UnitedHealth Group Incorporated		.2
		.00000	20-0218027				OptumRx IPA III, Inc.	.NY	.NIA	OptumRx PBM of Maryland, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	20-0151096				OptumRx NY IPA, Inc.	.NY	.NIA	OptumRx, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	27-3419292				OptumRx of Pennsylvania, LLC	.DE	.NIA	OptumRx Health Solutions, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	11-2581812				OptumRx PBM of Illinois, Inc.	.DE	.NIA	OptumRx Administrative Services, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	88-0361447				OptumRx PBM of Maryland, LLC	.NV	.NIA	OptumRx Health Solutions, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	03-0592263				OptumRx PBM of Pennsylvania, LLC	.PA	.NIA	OptumRx of Pennsylvania, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	26-1424534				OptumRx PBM of Puerto Rico, LLC	.NV	.NIA	OptumRx PBM of Maryland, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	38-3693753				OptumRx PBM of Wisconsin, LLC	.WI	.NIA	OptumRx PBM of Illinois, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	16-1767416				OptumRx PD of Pennsylvania, LLC	.PA	.NIA	OptumRx of Pennsylvania, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	88-0373347				OptumRx Pharmacy of Nevada, Inc.	.NV	.NIA	OptumRx Health Solutions, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-3146510				OptumRx Pharmacy, Inc.	.DE	.NIA	OptumRx, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	33-0441200				OptumRx, Inc.	.CA	.NIA	OptumRx Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	22-3883387				OREGON OUTPATIENT SURGERY CENTER, LLC	.OR	.NIA	Providence & SCA Off-Campus Holdings, LLC	Influence	51.180	UnitedHealth Group Incorporated		.5

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SCHEDULE Y
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.0707	UnitedHealth Group Incorporated	.00000	59-3125869				Orlando Center for Outpatient Surgery, L.P.	.GA	NIA	Surgical Health of Orlando, Inc.	Ownership	58.699	UnitedHealth Group Incorporated		2
		.00000	46-2881462				Orthology Mid-Atlantic, Inc.	.DE	NIA	Orthology, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	46-2742615				Orthology, Inc.	.DE	NIA	UnitedHealth Group Ventures, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	13-3960641				OrthoNet Holdings, Inc.	.DE	NIA	OptumHealth Care Solutions, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	13-3818652				OrthoNet LLC		NIA	OrthoNet Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		3
		.00000	13-4025898				OrthoNet New York IPA, Inc.	.NY	NIA	OrthoNet Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.11068	30-0029448				OrthoNet of the Mid-Atlantic, Inc.		IA	OrthoNet Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		1
		.00000	26-2884306				OrthoNet of the South, Inc.	.DE	NIA	OrthoNet Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		5
		.00000	46-1581769				OrthoNet Services, Inc.	.DE	NIA	OrthoNet Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	20-0221966				OrthoNet West, Inc.	.DE	NIA	OrthoNet Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
							ORTHOPEDIC SURGERY CENTER OF PALM BEACH COUNTY, LLC	.FL	NIA	SCA-Palm Beach, LLC	Influence	20.000	UnitedHealth Group Incorporated		5
		.00000	81-2594417				Ovations, Inc.	.DE	NIA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	06-1587795				Oxford Benefit Management, Inc.	.CT	NIA	Oxford Health Plans LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.78026	22-2797560				Oxford Health Insurance, Inc.	.NY	IA	UnitedHealthcare Insurance Company	Ownership	100.000	UnitedHealth Group Incorporated		
		.96798	06-1181201				Oxford Health Plans (CT), Inc.	.CT	IA	Oxford Health Plans LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.95506	22-2745725				Oxford Health Plans (NJ), Inc.		IA	Oxford Health Plans LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.95479	06-1181200				Oxford Health Plans (NY), Inc.		IA	Oxford Health Plans LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	52-2443751				Oxford Health Plans LLC	.DE	NIA	UnitedHealth Group Incorporated	Ownership	100.000	UnitedHealth Group Incorporated		2
		.00000	27-0008097				P2P Link, LLC	.DE	NIA	SRPS, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000					Pacifica Labs, Inc.	.DE	NIA	Victory Rollover Holdings LLC	Ownership	100.000	UnitedHealth Group Incorporated		
							PacifiCare Life and Health Insurance Company		IN	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.70785	35-1137395				PacifiCare Life Assurance Company	.CO	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.84506	95-2829463				PacifiCare of Arizona, Inc.	.AZ	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.95617	94-3267522				PacifiCare of Colorado, Inc.	.CO	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		2
		.95434	84-1011378				PacifiCare of Nevada, Inc.	.NV	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.95685	86-0875231				Pacifico S.A. Entidad Prestadora de Salud	.PER	NIA	Empremédica S. A.	Ownership	50.000	UnitedHealth Group Incorporated		2
		.00000	98-1444613				Paoli Ambulatory Surgery Center	.PA	NIA	SCA-Paoli, LLC	Ownership	51.000	UnitedHealth Group Incorporated		2
		.00000	62-1595402				Paoli Surgery Center, L.P.	.TN	NIA	Paoli Ambulatory Surgery Center	Ownership	64.250	UnitedHealth Group Incorporated		2
		.00000	22-1547618				Park Hill Surgery Center, LLC	.TX	NIA	THR-SCA Holdings, LLC	Influence	51.000	UnitedHealth Group Incorporated		5
		.00000	45-1484375				Parkway Surgery Center, LLC		NIA	SCA-Hagerstown, LLC	Ownership	63.300	UnitedHealth Group Incorporated		2
		.00000	20-4127100				PASC Real Estate, LLC		NIA	Pueblo Ambulatory Surgery Center, LLC	Influence	25.000	UnitedHealth Group Incorporated		5
		.00000	46-3034062				Pasteur Plaza Surgery Center GP, Inc.	.DE	NIA	ASC Network, LLC	Ownership	100.000	UnitedHealth Group Incorporated		2
		.00000	63-1271644				Patrimonio Autónomo Nueva Clínica – PANC.	.COL	NIA	Clínica del Country S.A.	Ownership	65.170	UnitedHealth Group Incorporated		2
		.00000					Patrimonio Autónomo Nueva Clínica – PANC.	.COL	NIA	Banmédica Internacional SpA	Ownership	9.590	UnitedHealth Group Incorporated		2
		.00000	62-1451147				Payment Resolution Services, LLC	.TN	NIA	OptumInsight, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		5
		.00000	75-3265056				PCCCV, Inc.	.CA	NIA	PrimeCare Medical Network, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		2
										New Orleans Regional Physician Hospital Organization, L.L.C.	Ownership	100.000	UnitedHealth Group Incorporated		2
		.00000	20-5662149				Peoples Health, Inc.	.LA	IA	Orthology, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		2
		.00000					Perham Physical Therapy, LTD.		NIA		Ownership	100.000	UnitedHealth Group Incorporated		
							Perimeter Center for Outpatient Surgery, L.P.								
		.00000	58-1978405				Pharmacy Software Holdco, Inc.		NIA	SHC Atlanta, LLC	Influence	18.643	UnitedHealth Group Incorporated		5
		.00000	23-2171049				PHC Subsidiary Holdings, LLC	.TX	NIA	OptumRx Administrative Services, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	35-2288416				Physician Alliance of the Rockies, LLC		NIA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	81-2902954				Physician Partners Medical Group, Inc.	.CA	OTH	New West Physicians, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		2
		.00000	30-0516435				PHYSICIANS DAY SURGERY CENTER, LLC	.FL	NIA	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	59-3438026				Physicians Health Choice of Texas, LLC	.TX	IA	SCA-Naples, LLC	Ownership	51.000	UnitedHealth Group Incorporated		2
		.11494	04-3677255				Physicians Health Plan of Maryland, Inc.	.MD	NIA	PHC Subsidiary Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	52-1162824							United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1388873				Plano de Saúde Ana Costa Ltda.	.BRA	IA	Anil Assistência Médica Internacional S.A.	Ownership	74.860	UnitedHealth Group Incorporated		
		.00000	98-1388873				Plano de Saúde Ana Costa Ltda.	.BRA	IA	Santos Administração e Participações S.A.	Ownership	25.140	UnitedHealth Group Incorporated		

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		.00000	66-0742844				Plus One Health Management Puerto Rico, Inc.	.PR	NIA	Plus One Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	13-3613705				Plus One Holdings, Inc.	.DE	NIA	OptumHealth Care Solutions, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	80-0670247				PMI Aquisition, LLC	.DE	NIA	Progressive Enterprises Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	26-3148744				PMSI Holdings, LLC	.DE	NIA	Progressive Enterprises Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	59-3166848				PMSI Settlement Solutions, LLC	.FL	NIA	PMSI Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	56-2422696				PMSI, LLC	.FL	NIA	PMSI Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		2
		.00000	98-1083164				Polar II Fundo de Investimento em Participações Multiestrategia	.BRA	NIA	UnitedHealthcare International IV S.á r.l.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-5563848				Polo Holdco, LLC		NIA	Collaborative Care Holdings, LLC	Ownership	80.100	UnitedHealth Group Incorporated		2
		.00000	46-5415205				POMCO Network, Inc.	.NY	NIA	UMR, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	65-0392785				POMCO of Florida Ltd., Inc.	.FL	NIA	UMR, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	46-2975338				POMCO West, Inc.	.DE	NIA	POMCO, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	15-0581348				POMCO, Inc.	.NY	NIA	UMR, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	45-0482796				Pomcoplus, LLC	.NY	NIA	UMR, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	33-0261822				Pomerado Outpatient Surgical Center, Inc.	.CA	NIA	ASC Network, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	33-0752699				Pomerado Outpatient Surgical Center, L.P.	.FL	NIA	Pomerado Outpatient Surgical Center, Inc.	Ownership	57.500	UnitedHealth Group Incorporated		2
		.00000	65-0683927				Preferred Care Partners Holding, Corp.	.FL	NIA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	26-1845018				Preferred Care Partners Medical Group, Inc.	.FL	NIA	Preferred Care Partners Holding, Corp.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.11176	65-0885893				Preferred Care Partners, Inc.	.FL	.IA	Preferred Care Partners Holding, Corp.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	75-3265059				Premier Choice ACO, Inc.	.CA	NIA	PrimeCare Medical Network, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	72-1378216				Premier Surgery Center of Louisville, L.P.	.TN	NIA	SCA Premier Surgery Center of Louisville, LLC	Ownership	51.000	UnitedHealth Group Incorporated		2
		.00000	33-0527335				Primary Care Associated Medical Group, Inc.	.CA	.OTH	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	30-0516440				Prime Community Care, Inc.	.CA	.OTH	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	88-0253112				Prime Health, Inc.	.NV	NIA	Sierra Health Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	33-0607478				PrimeCare Medical Network, Inc.	.CA	.IA	NAMI Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	87-0757397				PrimeCare of Citrus Valley, Inc.	.CA	NIA	PrimeCare Medical Network, Inc.	Ownership	80.000	UnitedHealth Group Incorporated		2
		.00000	33-0674407				PrimeCare of Corona, Inc.	.CA	NIA	PrimeCare Medical Network, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	33-0674401				PrimeCare of Hemet Valley, Inc.	.CA	NIA	PrimeCare Medical Network, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	33-0674408				PrimeCare of Inland Valley, Inc.	.CA	NIA	PrimeCare Medical Network, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	33-0674402				PrimeCare of Moreno Valley, Inc.	.CA	NIA	PrimeCare Medical Network, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	33-0674400				PrimeCare of Redlands, Inc.	.CA	NIA	PrimeCare Medical Network, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	33-0674404				PrimeCare of Riverside, Inc.	.CA	NIA	PrimeCare Medical Network, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	14-1915328				PrimeCare of San Bernardino, Inc.	.CA	NIA	PrimeCare Medical Network, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	33-0698439				PrimeCare of Sun City, Inc.	.CA	NIA	PrimeCare Medical Network, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	33-0674409				PrimeCare of Temecula, Inc.	.CA	NIA	PrimeCare Medical Network, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	14-1873402				Procura Management, Inc.	.DE	NIA	Healthcare Solutions, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	27-4371197				Progressive Enterprises Holdings, Inc.	.DE	NIA	OptumRx, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		2
		.00000	31-1192384				Progressive Medical, LLC	.OH	NIA	PMI Aquisition, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	45-4469117				ProHEALTH Accountable Care Medical Group, PLLC	.NY	.OTH	PROHEALTH CARE ASSOCIATES, L.L.P.	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	11-3447394				ProHEALTH Ambulatory Surgery Center, Inc.	.NY	.OTH	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	11-3355604				ProHEALTH Care Associates LLP	.NY	.OTH	ProHEALTH Medical NY, P.C.	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	32-0229091				ProHEALTH Fitness of Lake Success, LLC	.NY	NIA	ProHEALTH Medical Management, LLC	Ownership	82.620	UnitedHealth Group Incorporated		2
		.00000	47-1049961				ProHEALTH Medical Management, LLC	.DE	NIA	Collaborative Care Holdings, LLC	Ownership	80.000	UnitedHealth Group Incorporated		2
		.00000	45-5470737				ProHealth Physicians ACO, LLC	.CT	NIA	ProHealth Physicians, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	06-1446075				ProHealth Physicians, Inc.	.CT	NIA	Polo Holdco, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	06-1469068				ProHealth Physicians, P.C.	.CT	.OTH	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	06-1469068				Prohealth Physicians, P.C.	.CT	.OTH	ProHealth Physicians, Inc.	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	32-0455430				ProHealth Proton Center Management, LLC	.DE	NIA	ProHEALTH Medical Management, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-5661535				ProHEALTH Urgent Care Medicine of New Jersey LLP	.NJ	.OTH	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	46-1883579				ProHEALTH Urgent Care Medicine, PLLC	.NY	.OTH	PROHEALTH CARE ASSOCIATES, L.L.P.	Influence	0.000	UnitedHealth Group Incorporated		4

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Per-centage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
		.00000					Promotora Country S.A.	.COL	NIA	Banmédica S.A.	Ownership	50.000	UnitedHealth Group Incorporated		3
		.00000	22-3493126				Pronounced Health Solutions, Inc.	.DE	NIA	My Wellness Solutions, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1444638				Prosemedic S.A.C.	.PER	NIA	Pacifico S.A. Entidad Prestadora de Salud	Ownership	80.000	UnitedHealth Group Incorporated		1
		.00000	90-0876656				PS Center, LLC	.CA	NIA	Beach Surgical Holdings II LLC	Influence	100.000	UnitedHealth Group Incorporated		5
		.00000	62-1488737				Pueblo Ambulatory Surgery Center, LLC	.CO	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	93-1068319				Pueblo-SCA Surgery Center, LLC	.DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000					Pulse Platform, LLC	.DE	NIA	Rally Health, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	46-3901920				QoL Acquisition Holdings Corp.	.DE	NIA	Genoa Healthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	52-2016292				Quality Software Services, Inc.	.MD	NIA	OptumInsight, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	35-2493256				Rally Health, Inc.	.DE	NIA	Optum Digital Health Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	80-0947972				Real Appeal, Inc.	.DE	NIA	Rally Health, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000					Recaudación y Cobranzas Honodav Ltda.	.CHL	NIA	Clínica Dávila y Servicios Médicos S.A.	Ownership	99.000	UnitedHealth Group Incorporated		
		.00000					Recaudación y Cobranzas Honodav Ltda.	.CHL	NIA	Servicios Integrados de Salud Ltda.	Ownership	1.000	UnitedHealth Group Incorporated		
		.00000	94-3115625				Redlands Ambulatory Surgery Center	.CA	NIA	Redlands-SCA Surgery Centers, Inc.	Ownership	54.000	UnitedHealth Group Incorporated		2
		.00000					Redlands Family Practice Medical Group, Inc.	.CA	OTH	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	56-2627067				Redlands-SCA Surgery Centers, Inc.	.CA	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	94-3115627				Reliant Medical Group, Inc.	.MA	OTH	Reliant MSO, LLC	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	22-2912515				Reliant MSO, LLC	.DE	NIA	Collaborative Care Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	82-3745100				Renai Health Holdings, Inc.	.DE	NIA	UnitedHealth Group Ventures, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	32-0543788				Renai Health IPA, LLC	.DE	NIA	Renai Health Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	82-3161933				Renai Health Management, LLC	.DE	NIA	Renai Health Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	82-3130872				River Valley ASC, LLC	.CT	NIA	SCA-River Valley, LLC	Ownership	57.540	UnitedHealth Group Incorporated		2
		.00000	46-0758315				Riverside Medical Management, LLC	.DE	NIA	ProHEALTH Medical Management, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	32-0500242				Riverside Pediatric Group, P.C.	.NJ	OTH	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	22-3624559				Robert B. McBeath, M.D. II, P.C.	.NV	OTH	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	86-0857176				Robert B. McBeath, M.D. III, P.C.	.NV	OTH	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000					Robert B. McBeath, M.D., Professional Corporation	.NV	OTH	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
.0707	UnitedHealth Group Incorporated	.95482	84-0614905				Rocky Mountain Health Maintenance Organization, Incorporated	.CO	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	84-1009248				Rocky Mountain Health Management Corporation	.CO	NIA	Rocky Mountain Health Maintenance Organization, Incorporated	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.47004	84-1224718				Rocky Mountain HealthCare Options, Inc.	.CO	IA	Organization, Incorporated	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	45-4148369				ROCS Holdings, LLC	.IN	NIA	SCA ROCS Holdings, LLC	Influence	49.000	UnitedHealth Group Incorporated		5
		.00000					Saden S.A.	.CHL	NIA	Banmédica S.A.	Ownership	99.920	UnitedHealth Group Incorporated		
		.00000					Saden S.A.	.CHL	NIA	Clínica Dávila y Servicios Médicos S.A.	Ownership	0.080	UnitedHealth Group Incorporated		
		.00000	74-2462470				Salem Surgery Center, LLC	.OR	NIA	Surgicare of Salem, LLC	Ownership	67.000	UnitedHealth Group Incorporated		2
		.00000	45-2219585				Salveo Specialty Pharmacy, Inc.	.DE	NIA	OptumRx Administrative Services, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	77-0322251				San Diego Endoscopy Center	.CA	NIA	Endoscopy Center Affiliates, Inc.	Influence	42.000	UnitedHealth Group Incorporated		5
		.00000					San Diego Sports and Minimally Invasive Surgery Center, LLC	.DE	NIA	SCA-San Diego, Inc.	Influence	31.608	UnitedHealth Group Incorporated		5
		.00000	26-0287192				Sand Lake SurgiCenter, LLC	.FL	NIA	SCA-Sand Lake, LLC	Ownership	52.450	UnitedHealth Group Incorporated		2
		.00000	27-3787593				Santa Cruz Endoscopy Center, LLC	.CA	NIA	SCA Pacific Holdings, Inc.	Ownership	50.000	UnitedHealth Group Incorporated		2
		.00000	91-2127820				Santa Helena Assistência Médica S.A.	.BRA	NIA	Elual Participações S.A.	Ownership	65.210	UnitedHealth Group Incorporated		2
		.00000					Santa Helena Assistência Médica S.A.	.BRA	NIA	Anil Assistência Médica Internacional S.A.	Ownership	33.600	UnitedHealth Group Incorporated		2
		.00000					Santa Helena Assistência Médica S.A.	.BRA	NIA	Anil Assistência Médica Internacional S.A.	Ownership	33.600	UnitedHealth Group Incorporated		2
		.00000					Santos Administração e Participações S.A.	.BRA	NIA		Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	27-4028885				Savvysherpa Administrative Services, LLC	.MN	NIA	Savvysherpa, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000					Savvysherpa Asia, Inc.	.PHL	NIA	Savvysherpa, LLC	Ownership	99.990	UnitedHealth Group Incorporated		2
		.00000	41-1934238				Savvysherpa, LLC	.DE	NIA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	62-1149229				SC Affiliates, LLC	.DE	NIA	Surgical Care Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
		.00000	47-5537316				SCA Athens, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-5014406				SCA Austin Holdings, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	45-4230864				SCA BOSC Holdings, LLC	DE	NIA	National Surgery Centers, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	45-4230864				SCA BOSC Holdings, LLC	DE	NIA	SC Affiliates, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	45-4230864				SCA BOSC Holdings, LLC	DE	NIA	SunSurgery, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	45-4230864				SCA BOSC Holdings, LLC	DE	NIA	Surgery Center Holding, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	47-2110605				SCA California Surgical Holdings, LLC	DE	NIA	National Surgery Centers, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-3916468				SCA Capital, LLC	DE	NIA	Surgical Care Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-5030792				SCA Cedar Park Holdings, LLC	DE	NIA	SCA Austin Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	04-3170801				SCA Danbury Surgical Center, LLC	DE	NIA	SunSurgery, LLC	Ownership	67.000	UnitedHealth Group Incorporated		2
		.00000	62-1535981				SCA Development, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1372069				SCA eCode Solutions Private Limited	IND	NIA	eCode Solutions, LLC	Ownership	99.990	UnitedHealth Group Incorporated		2
		.00000	45-4230987				SCA EHSC Holdings, LLC	DE	NIA	National Surgery Centers, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	45-4230987				SCA EHSC Holdings, LLC	DE	NIA	SC Affiliates, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	45-4230987				SCA EHSC Holdings, LLC	DE	NIA	SunSurgery, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	45-4230987				SCA EHSC Holdings, LLC	DE	NIA	Surgery Center Holding, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	47-5512838				SCA EWASC Holdings, LLC	DE	NIA	National Surgery Centers, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	47-5512838				SCA EWASC Holdings, LLC	DE	NIA	SC Affiliates, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	47-5512838				SCA EWASC Holdings, LLC	DE	NIA	SunSurgery, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	47-5512838				SCA EWASC Holdings, LLC	DE	NIA	Surgery Center Holding, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	47-5064834				SCA Hays Holdings, LLC	DE	NIA	SCA Austin Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000					SCA Heartland Holdings, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	36-4869243				SCA HoldCo, Inc.	DE	NIA	Collaborative Care Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	27-1664837				SCA Holding Company, Inc.	DE	NIA	SCA Surgery Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-1256943				SCA Holdings, Inc.	CA	NIA	National Surgery Centers, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	45-4240475				SCA IEC Holdings, LLC		NIA	National Surgery Centers, LLC	Ownership	25.000	UnitedHealth Group Incorporated		2
		.00000	45-4240475				SCA IEC Holdings, LLC	DE	NIA	SC Affiliates, LLC	Ownership	25.000	UnitedHealth Group Incorporated		2
		.00000	45-4240475				SCA IEC Holdings, LLC	DE	NIA	SunSurgery, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	45-4240475				SCA IEC Holdings, LLC	DE	NIA	Surgery Center Holding, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	45-2684108				SCA Indiana Holdings, LLC	DE	NIA	National Surgery Centers, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	45-2684108				SCA Indiana Holdings, LLC	DE	NIA	SC Affiliates, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	45-2684108				SCA Indiana Holdings, LLC	DE	NIA	SunSurgery, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	45-2684108				SCA Indiana Holdings, LLC	DE	NIA	Surgery Center Holding, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	20-8116987				SCA Nashville ASC, LLC	TN	NIA	Nashville-SCA Surgery Centers, Inc.	Ownership	99.000	UnitedHealth Group Incorporated		
		.00000	20-8116987				SCA Nashville ASC, LLC	TN	NIA	SC Affiliates, LLC	Ownership	1.000	UnitedHealth Group Incorporated		
		.00000	62-1505276				SCA of Clarksville, Inc.	TN	NIA	Surgical Health, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	27-1707364				SCA Pacific Holdings, Inc.	CA	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	46-1686425				SCA Pennsylvania Holdings, LLC	DE	NIA	Surgery Center Holding, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
							SCA Premier Surgery Center of Louisville, LLC								
		.00000	72-1386840					DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	81-5211225				SCA Rockledge JV, LLC	DE	NIA	SCA-Merriitt, LLC	Ownership	97.000	UnitedHealth Group Incorporated		2
		.00000	45-4252645				SCA ROCs Holdings, LLC	DE	NIA	National Surgery Centers, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	45-4252645				SCA ROCs Holdings, LLC	DE	NIA	SC Affiliates, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	45-4252645				SCA ROCs Holdings, LLC	DE	NIA	SunSurgery, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	45-4252645				SCA ROCs Holdings, LLC	DE	NIA	Surgery Center Holding, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	47-4928368				SCA Southwestern PA, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-3165040				SCA Specialists of Florida, LLC	DE	NIA	SCA Surgery Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	46-4898819				SCA SSC Holdings, LLC	DE	NIA	National Surgery Centers, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	46-4898819				SCA SSC Holdings, LLC	DE	NIA	SC Affiliates, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	46-4898819				SCA SSC Holdings, LLC	DE	NIA	SunSurgery, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	46-4898819				SCA SSC Holdings, LLC	DE	NIA	Surgery Center Holding, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	45-4266502				SCA SSSC Holdings, LLC	DE	NIA	National Surgery Centers, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	45-4266502				SCA SSSC Holdings, LLC	DE	NIA	SC Affiliates, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	45-4266502				SCA SSSC Holdings, LLC	DE	NIA	SunSurgery, LLC	Ownership	25.000	UnitedHealth Group Incorporated		

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SCHEDULE Y

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		.00000	45-4266502				SCA SSSC Holdings, LLC	DE	NIA	Surgery Center Holding, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	47-5038680				SCA Stonegate Holdings, LLC	DE	NIA	SCA Austin Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	63-1286887				SCA Surgery Center of Cullman, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	26-2602268				SCA Surgery Holdings, LLC	DE	NIA	Surgical Care Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	46-4774546				SCA Surgery Partners, LLC	DE	NIA	National Surgery Centers, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	75-2501088				SCA Surgicare of Laguna Hills, LLC	DE	NIA	Surgery Center Holding, LLC	Ownership	100.000	UnitedHealth Group Incorporated		5
		.00000	27-2096767				SCA Teammate Support Network		NIA	Surgical Care Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	74-2555097				SCA-Albuquerque Surgery Properties, Inc.		NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		2
		.00000	47-1807383				SCA-Alliance, LLC		NIA	SCA Surgery Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		2
		.00000	82-4763869				SCA-Anne Arundel, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		2
		.00000	82-3857984				SCA-Bethesda, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	62-1530120				SCA-Blue Ridge, LLC		NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000					SCA-Bonita Springs, LLC		NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	82-1980137				SCA-Brandon, LLC		NIA	SC Affiliates, LLC	Ownership	50.980	UnitedHealth Group Incorporated		2
		.00000	81-3336088				SCA-Brazil, LLC		NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	83-1094012				SCA-Castle Rock, LLC		NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-1535510				SCA-Central Florida, LLC		NIA	SC Affiliates, LLC	Ownership	55.360	UnitedHealth Group Incorporated		2
		.00000	58-1709758				SCA-Charleston, LLC		NIA	SCA Surgery Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	82-4511713				SCA-Chatham, LLC		NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	83-1093626				SCA-Cherry Creek, LLC		NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	81-3301058				SCA-Chevy Chase, LLC		NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	62-1516306				SCA-Citrus, Inc.		NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	93-1047471				SCA-Colorado Springs, LLC		NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	83-1585952				SCA-Connecticut Partners, LLC		NIA	SunSurgery, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-4028383				SCA-Davenport, LLC		NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	82-1470227				SCA-Derry, LLC	DE	NIA	SC Affiliates, LLC	Ownership	78.873	UnitedHealth Group Incorporated		2
		.00000	81-3734814				SCA-Doral, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	83-1093886				SCA-DRY CREEK, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	83-1102015				SCA-DTC Holdings, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	81-1594261				SCA-Dublin, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	81-3301305				SCA-Encinitas, Inc.	DE	NIA	Surgical Health, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.00000	62-1541235				SCA-Eugene, Inc.	TN	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000					SCA-First Coast, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	62-1551099				SCA-Florence, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	93-1067967				SCA-Fort Collins, Inc.	CO	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	62-1502719				SCA-Fort Walton, Inc.	TN	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-3641516				SCA-Franklin, LLC		NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		1
		.00000	81-2727879				SCA-Frederick, LLC		NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	82-3535257				SCA-Freeway Holdings, LLC		NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000					SCA-Ft. Myers, LLC		NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	62-1547690				SCA-Gainesville, LLC		NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		2
		.00000	81-1956407				SCA-Gladiolus, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		2
		.00000	82-1438326				SCA-GRANTS PASS, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	81-2376695				SCA-Grove Place, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-3466283				SCA-Hagerstown, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		2
		.00000	81-4605501				SCA-Hamden, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		2
		.00000	47-5229514				SCA-Hilton Head, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		5
		.00000	62-1506650				SCA-Honolulu, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	81-3445356				SCA-Houston Executive, LLC	DE	NIA	SCA Pacific Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	81-4905342				SCAI Holdings, LLC	DE	NIA	SCA HoldCo, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	81-1666861				SCA-Illinois, LLC	DE	NIA	SCA Surgery Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		2
		.00000	47-3930052				SCA-IT Holdings, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	83-1102109				SCA-Kissing Camels Holdings, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	81-4292506				SCA-Main Street, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
		.00000					SCA-Marina del Rey, LLC	.CA	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	81-1367813				SCA-MC VBP, Inc.	.DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	62-1184188				SCA-Mecklenburg Development Corp.	.NC	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	81-4616104				SCA-Memorial City, LLC	.DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		5
		.00000	81-1771410				SCA-Merritt, LLC	.DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		5
		.00000	82-2455773				SCA-Midlands, LLC	.DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	81-2976543				SCA-Midway Management, LLC	.IL	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		2
		.00000	83-1093787				SCA-Mile High Holdings, LLC	.DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	80-0070617				SCA-Mobile, LLC	.DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	81-1320467				SCA-Mokena Properties, LLC	.DE	NIA	SCA-Mokena, LLC	Ownership	100.000	UnitedHealth Group Incorporated		2
		.00000	81-1065674				SCA-Mokena, LLC	.DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	62-1506655				SCA-Mt. Pleasant, LLC	.DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	81-2850365				SCA-Naperville, LLC	.DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	82-3002171				SCA-Naples, LLC	.DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		2
		.00000	81-1347328				SCA-ND VBP, Inc.	.DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-4418919				SCA-New Jersey, LLC	.DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-1760663				SCA-Newport Beach, LLC	.CA	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000					Scanner Centromed S.A.	.CHL	NIA	Administradora Médica Centromed S.A.	Ownership	84.500	UnitedHealth Group Incorporated		2
		.00000	62-1589343				SCA-Northeast Georgia Health, LLC	.TN	NIA	SCA-Gainesville, LLC	Ownership	50.100	UnitedHealth Group Incorporated		2
		.00000	81-3445510				SCA-Palm Beach MSO Holdings, LLC	.DE	NIA	SunSurgery, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	82-3050836				SCA-Palm Beach, LLC	.DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	62-1538850				SCA-Paoli, LLC	.DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-2785908				SCA-Phoenix, LLC	.DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-1620189				SCA-Pocono, LLC	.DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		2
		.00000	81-4139195				SCA-PORTLAND, LLC	.DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	81-4304317				SCA-River Valley, LLC	.DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-1647512				SCA-Rockville, LLC	.FL	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	81-2963561				SCA-San Diego, Inc.	.DE	NIA	Surgical Health, LLC	Ownership	100.000	UnitedHealth Group Incorporated		2
		.00000	94-3138088				SCA-San Luis Obispo, LLC	.DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-1685878				SCA-Sand Lake, LLC	.FL	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	88-0185362				SCA-Santa Rosa, Inc.	.NV	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	62-1179532				SCA-Shelby Development Corp.	.TN	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		2
		.00000	81-3300613				SCA-Somerset, LLC	.DE	NIA	SCA Surgery Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		2
		.00000	22-3117714				SCA-South Jersey, LLC	.DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-2676325				SCA-Sparta, LLC	.DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	82-4490088				SCA-Spartanburg Holdings, LLC	.DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-4106989				SCA-St. Louis, LLC	.DE	NIA	Surgical Health, LLC	Ownership	100.000	UnitedHealth Group Incorporated		2
		.00000	82-3270591				SCA-St. Lucie, LLC	.DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		5
		.00000	81-4371453				SCA-SurgiCare, LLC	.DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		5
		.00000	81-2455241				SCA-Swiftpath, LLC	.DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		5
		.00000	82-1987225				SCA-VERTA, LLC	.DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		2
		.00000	82-2294882				SCA-Wake Forest, LLC	.DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	82-1449412				SCA-Western Connecticut, LLC	.DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	82-3689825				SCA-Westover Hills, LLC	.DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000					SCA-Wilmington, LLC	.DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-2890788				SCA-Wilson, LLC	.DE	NIA	SCA Surgery Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		2
		.00000	81-1159878				SCA-Winchester, LLC	.DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	62-1525777				SCA-Winter Park, Inc.	.TN	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	82-3528300				SCA-Woodlands Holdings, LLC	.DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		5
		.00000	27-2635371				SCP Specialty Infusion, LLC	.DE	NIA	BriojaRx Infusion Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	45-3629080				Script Relief LLC	.DE	NIA	OptumRxHealth Solutions, LLC	Influence	42.000	UnitedHealth Group Incorporated		5
		.00000	98-1097822				ScriptSwitch Limited	.GBR	NIA	Optum UK Solutions Group Limited	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000								Anil Assistência Médica Internacional S.A.					
		.00000	98-1202716				Seisa Serviços Integrados de Saúde Ltda.	.BRA	NIA		Ownership	99.990	UnitedHealth Group Incorporated		2

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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		.00000	98-1202716				Seisa Serviços Integrados de Saúde Ltda.BRA	NIA.....	Cemed Care – Empresa de Atendimento Clínico	Ownership.....	0.000	UnitedHealth Group Incorporated		2
		.00000	42-1709357				Senate Street Surgery Center, LLC .....	.IN	NIA.....	Geral Ltda.	Ownership.....	50.720	UnitedHealth Group Incorporated		2
		.00000	27-1533951				Serquinox Holdings LLC .....	.DE	NIA.....	SCA SSSC Holdings, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000					Serquinox Holdings LLC			BriovaRx Infusion Services, Inc.	Ownership.....		UnitedHealth Group Incorporated		
		.00000					Servicios de Entrenamiento en Competencias Clínicas Ltda. ....	.CHL	NIA.....	Clínica Santa María S.A.	Ownership.....	99.900	UnitedHealth Group Incorporated		
		.00000					Servicios de Entrenamiento en Competencias Clínicas Ltda.								
		.00000					Servicios Integrados de Salud Ltda. ....	.CHL	NIA.....	Sociedad de Inversiones Santa María S.A.	Ownership.....	0.100	UnitedHealth Group Incorporated		
		.00000					Servicios Integrados de Salud Ltda. ....	.CHL	NIA.....	Clínica Dávila y Servicios Médicos S.A.	Ownership.....	99.900	UnitedHealth Group Incorporated		2
		.00000					Servicios Integrados de Salud Ltda. ....	.CHL	NIA.....	Clínica Santa María S.A.	Ownership.....	0.100	UnitedHealth Group Incorporated		5
		.00000					Servicios Médicos Amed Quilpué S.A. ....	.CHL	NIA.....	Centromed Quilpué S.A.	Ownership.....	99.900	UnitedHealth Group Incorporated		
		.00000					Servicios Médicos Amed Quilpué S.A. ....	.CHL	NIA.....	Laboratorios Médicos Amed Quilpué S.A.	Ownership.....	0.100	UnitedHealth Group Incorporated		
0707	UnitedHealth Group Incorporated	.00000					Servicios Médicos Bio Bio Limitada .....	.CHL	NIA.....	Clínica Bio Bio S.A.	Ownership.....	99.000	UnitedHealth Group Incorporated		
		.00000					Servicios Médicos Bio Bio Limitada .....	.CHL	NIA.....	Saden S.A.	Ownership.....	1.000	UnitedHealth Group Incorporated		
		.00000					Servicios Médicos Ciudad del Mar Ltda. ....	.CHL	NIA.....	Clínica Ciudad del Mar S.A.	Ownership.....	99.000	UnitedHealth Group Incorporated		
		.00000					Servicios Médicos Ciudad del Mar Ltda. ....	.CHL	NIA.....	Saden S.A.	Ownership.....	1.000	UnitedHealth Group Incorporated		
		.00000					Servicios Médicos Santa María Limitada .....	.CHL	NIA.....	Sociedad de Inversiones Santa María S.A.	Ownership.....	99.176	UnitedHealth Group Incorporated		
		.00000					Servicios Médicos Santa María Limitada .....	.CHL	NIA.....	Clínica Santa María S.A.	Ownership.....	0.824	UnitedHealth Group Incorporated		5
		.00000					Servicios Médicos Vespucio Ltda. ....	.CHL	NIA.....	Clínica Vespucio S.A.	Ownership.....	99.000	UnitedHealth Group Incorporated		5
		.00000					Servicios Médicos Vespucio Ltda. ....	.CHL	NIA.....	Saden S.A.	Ownership.....	1.000	UnitedHealth Group Incorporated		5
		.00000	45-4233576				SharedClarity LLC .....	.DE	NIA.....	United HealthCare Services, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		5
		.00000	58-1978974				SHC Atlanta, LLC .....	.DE	NIA.....	Surgical Health, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		5
		.00000	58-2013443				SHC Austin, Inc. ....	.GA	NIA.....	Surgical Health, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		5
		.00000	58-2062812				SHC Hawthorn, Inc. ....	.GA	NIA.....	Surgical Health, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		5
		.00000	58-2101924				SHC Melbourne, Inc.		NIA.....	Surgical Health, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	62-1223273				Shelby Surgery Properties, Inc. ....	.TN	NIA.....	SC Affiliates, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
0707	UnitedHealth Group Incorporated	.71420	94-0734860				Sierra Health and Life Insurance Company, Inc. ....	.NV	IA.....	Sierra Health Services, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		5
		.00000	88-0200415				Sierra Health Services, Inc. ....	.NV	NIA.....	UnitedHealthcare, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	88-0254322				Sierra Health-Care Options, Inc. ....	.NV	NIA.....	Sierra Health Services, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		2
		.00000	88-0385705				Sierra Home Medical Products, Inc. ....	.NV	NIA.....	Sierra Health Services, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		2
		.00000	88-0264562				Sierra Nevada Administrators, Inc. ....	.NV	NIA.....	Sierra Health Services, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		5
		.00000					Sistema de Administración Hospitalaria S.A.C.								
		.00000						.PER	NIA.....	Pacifico S.A. Entidad Prestadora de Salud	Ownership.....	99.870	UnitedHealth Group Incorporated		1
		.00000					Sobam – Centro Médico Hospitalar S.A. ....	.BRA	IA.....	Santa Helena Assistência Médica S.A.	Ownership.....	100.000	UnitedHealth Group Incorporated		2
		.00000	98-1453235				Sociedad de Inversiones Santa María S.A. ....	.CHL	NIA.....	Clínica Santa María S.A.	Ownership.....	99.743	UnitedHealth Group Incorporated		2
		.00000	98-1453235				Sociedad de Inversiones Santa María S.A. ....	.CHL	NIA.....	Clínica Dávila y Servicios Médicos S.A.	Ownership.....	0.257	UnitedHealth Group Incorporated		2
		.00000					Sociedad Editorial para la Ciencia Limitada.								
		.00000	98-1462570					.COL	NIA.....	Banmédica S.A.	Ownership.....	76.290	UnitedHealth Group Incorporated		2
		.00000	20-8433398				Somerset Outpatient Surgery, L.L.C. ....	.NJ	NIA.....	SCA-Somerset, LLC	Ownership.....	59.999	UnitedHealth Group Incorporated		2
		.00000	88-0201420				Southwest Medical Associates, Inc. ....	.NV	NIA.....	Sierra Health Services, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	38-2609888				Southwest Michigan Health Network Inc.		NIA.....	UnitedHealthcare, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		2
		.00000	36-4369359				Southwest Surgery Center, LLC .....	.IL	NIA.....	SCA-Mokena, LLC	Ownership.....	44.670	UnitedHealth Group Incorporated		2
		.00000	75-2516426				Space Coast Surgical Center, Ltd. ....	.FL	NIA.....	SCA Rockledge JV, LLC	Ownership.....	52.190	UnitedHealth Group Incorporated		2
		.00000	57-0953005				Spartanburg Surgery Center, LLC .....	.SC	NIA.....	SCA-Spartanburg Holdings, LLC	Influence.....	10.700	UnitedHealth Group Incorporated		5
		.00000	55-0790742				Specialists in Urology Surgery Center, LLC .....	.FL	NIA.....	SCA Specialists of Florida, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		5
		.00000	25-1868213				Specialized Pharmaceuticals, Inc. ....	.PA	NIA.....	QoL Acquisition Holdings Corp.	Ownership.....	100.000	UnitedHealth Group Incorporated		5
		.00000	41-1921983				Specialty Benefits, LLC .....	.DE	NIA.....	United HealthCare Services, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		5
		.00000	20-3412545				Specialty Surgical Center, LLC .....	.NJ	NIA.....	SCA-Sparta, LLC	Ownership.....	51.000	UnitedHealth Group Incorporated		2
		.00000	71-0886811				Spectera of New York, IPA, Inc. ....	.NY	NIA.....	Spectera, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	52-1260282				Spectera, Inc. ....	.MD	NIA.....	Specialty Benefits, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		5
		.00000	81-1387232				SPINETRACK 20/20, Inc. ....	.CA	NIA.....	SCA-ND VBP, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000					Sports and Spinal Physical Therapy, Inc. ....	.DC	NIA.....	Orthology, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		5
		.00000	46-5587702				Spotlite, Inc.DE	NIA.....	Rally Health, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		5

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		.00000	62-1770924				SRPS, LLC		NIA	Progressive Enterprises Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	45-4148167				SSSC Holdings, LLC		NIA	SCA SSSC Holdings, LLC	Influence	49.000	UnitedHealth Group Incorporated		5
		.00000	75-2201400				St. Cloud Outpatient Surgery, Ltd., a Minnesota Limited Partnership	..MN	NIA	St. Cloud Surgical Center, LLC	Influence	23.383	UnitedHealth Group Incorporated		5
		.00000	41-1348916				St. Cloud Surgical Center, LLC	..DE	NIA	Surgery Center Holding, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	20-1211544				Stonegate Surgery Center, L.P.	..TX	NIA	SCA Stonegate Holdings, LLC	Ownership	56.834	UnitedHealth Group Incorporated		2
		.00000	27-2944223				Streamlines Health, LLC		NIA	Savvysherpa, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	06-1082848				SunSurgery, LLC		NIA	Surgical Care Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	82-5207693				Surgery Center at Kissing Camels, LLC		NIA	SCA-Kissing Camels Holdings, LLC	Ownership	55.000	UnitedHealth Group Incorporated		2
		.00000	62-1739361				Surgery Center Holding, LLC		NIA	Surgical Care Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	45-0581955				Surgery Center of Athens, LLC	..GA	NIA	Athens ASC Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	62-1509341				Surgery Center of Boca Raton, Inc.	..FL	NIA	Surgical Health, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	62-1506370				Surgery Center of Clarksville, L.P.		NIA	Surgical Health, LLC	Ownership	99.900	UnitedHealth Group Incorporated		2
		.00000	63-1214140				Surgery Center of Colorado Springs, LLC		NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
..0707	UnitedHealth Group Incorporated	.00000	42-1166764				Surgery Center of Des Moines, LLC	..DE	NIA	Surgery Center Holding, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
..0707	UnitedHealth Group Incorporated	.00000	72-1349752				Surgery Center of Easton, LLC	..DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	63-1212213				Surgery Center of Ellicott City, Inc.	..DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	20-1733152				Surgery Center of Fairfield County, LLC	..DE	NIA	SunSurgery, LLC	Influence	43.204	UnitedHealth Group Incorporated		5
		.00000	62-1179539				Surgery Center of Lexington, LLC	..DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	62-1179537				Surgery Center of Louisville, LLC	..DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	63-1231944				Surgery Center of Maui, LLC	..DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	63-1194204	3410132			Surgery Center of Muskogee, LLC	..DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	11-3701564				Surgery Center of Rockville, L.L.C.	..MD	NIA	SCA-Rockville, LLC	Ownership	59.000	UnitedHealth Group Incorporated		2
		.00000	63-1212214				Surgery Center of Southern Pines, LLC	..DE	NIA	Surgery Center Holding, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	63-1178497	4665014	0000731766	New York Stock Exchange	Surgery Center of Spokane, LLC	..DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		2
		.00000	63-1184216				Surgery Center of Summerlin, LLC		NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	82-3448050				Surgery Center of The Woodlands, LLC		NIA	SCA-Woodlands Holdings, LLC	Ownership	55.510	UnitedHealth Group Incorporated		2
		.00000	62-1491963				Surgery Center of Vero Beach, Inc.		NIA	Surgical Health, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
							Surgery Center of Wilmington Properties, LLC								
		.00000							NIA	Surgery Center of Wilmington, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000					Surgery Center of Wilmington, LLC	..NC	NIA	SCA-Wilmington, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	26-1767806				Surgery Center of Wilson, LLC	..NC	NIA	SCA-Wilson, LLC	Ownership	76.450	UnitedHealth Group Incorporated		2
							Surgery Centers of Des Moines, Ltd., an Iowa Limited Partnership		NIA	Surgery Center Holding, LLC	Ownership	67.950	UnitedHealth Group Incorporated		2
		.00000	36-3562598				Surgery Centers-West Holdings, LLC	..IA	NIA	Surgical Care Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	68-0282268				Surgical Care Affiliates Political Action Committee		NIA						
..0707	UnitedHealth Group Incorporated	.00000	33-1187498						NIA	Surgical Care Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	20-8922307				Surgical Care Affiliates, LLC	..DE	NIA	SCA1 Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	46-2971080				Surgical Care Partners of Melbourne, LLC	..DE	NIA	SHC Melbourne, Inc.	Ownership	74.740	UnitedHealth Group Incorporated		2
..0707	UnitedHealth Group Incorporated	.00000	75-1925497				Surgical Caregivers of Fort Worth, LLC	..TX	NIA	THR-SCA Holdings, LLC	Influence	56.423	UnitedHealth Group Incorporated		5
..0707	UnitedHealth Group Incorporated	.00000	63-1242229				Surgical Center at Premier, LLC	..TN	NIA	Audubon Ambulatory Surgery Center, LLC	Influence	100.000	UnitedHealth Group Incorporated		5
..0707	UnitedHealth Group Incorporated	.00000	63-1251243				Surgical Center of Greensboro, LLC	..NC	NIA	NSC Greensboro, LLC	Influence	35.720	UnitedHealth Group Incorporated		5
							Surgical Center of South Jersey, Limited Partnership		NIA						
..0707	UnitedHealth Group Incorporated	.00000	22-2709324					..NJ	NIA	SCA-South Jersey, LLC	Ownership	61.853	UnitedHealth Group Incorporated		2
		.00000	63-1138507				Surgical Center of Tuscaloosa Holdings, LLC		NIA	Surgical Care Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000					Surgical Eye Experts, LLC		OTH	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	58-1997354				Surgical Health of Orlando, Inc.		NIA	Surgical Health, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	58-1941168				Surgical Health, LLC		NIA	Surgical Care Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	27-0168681				Surgical Hospital Holdings of Oklahoma, LLC		NIA	SCA Surgery Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
										Surgical Hospital Holdings of Oklahoma, LLC					
..0707	UnitedHealth Group Incorporated	.00000	73-1521890				Surgical Hospital of Oklahoma, L.L.C.	..OK	NIA		Ownership	56.000	UnitedHealth Group Incorporated		2
..0707	UnitedHealth Group Incorporated	.00000	75-2157730				Surgicare of Belleville, LLC	..DE	NIA	Surgery Center Holding, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
..0707	UnitedHealth Group Incorporated	.00000	64-0629000				Surgicare of Jackson, LLC	..DE	NIA	Surgery Center Holding, LLC	Ownership	100.000	UnitedHealth Group Incorporated		

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SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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..0707	UnitedHealth Group Incorporated	..00000	75-2162993				Surgicare of Jackson, Ltd., a Mississippi Limited Partnership	..MS	..NIA	Surgicare of Jackson, LLC	..Influence	..40.000	UnitedHealth Group Incorporated		..5
..0707	UnitedHealth Group Incorporated	..00000	75-2287141				Surgicare of Joliet, Inc.		..NIA	Surgery Center Holding, LLC	..Ownership	..100.000	UnitedHealth Group Incorporated		
..0707	UnitedHealth Group Incorporated	..00000	75-2501191				Surgicare of La Veta, Inc.	..CA	..NIA	Surgery Centers-West Holdings, LLC	..Ownership	..100.000	UnitedHealth Group Incorporated		
		..00000	75-2507129				Surgicare of La Veta, Ltd.	..CA	..OTH	Monarch HealthCare, A Medical Group, Inc.	..Influence	..0.000	UnitedHealth Group Incorporated		..4
		..00000	41-1437636				Surgicare of Minneapolis, LLC		..NIA	Surgery Center Holding, LLC	..Ownership	..100.000	UnitedHealth Group Incorporated		
		..00000	41-1624905				Surgicare of Minneapolis, Ltd., a Minnesota Limited Partnership		..NIA	Surgicare of Minneapolis, LLC	..Influence	..20.000	UnitedHealth Group Incorporated		..5
		..00000	75-2459713				Surgicare of Mobile, LLC		..NIA	Surgery Center Holding, LLC	..Ownership	..100.000	UnitedHealth Group Incorporated		
		..00000	75-2459715				Surgicare of Mobile, Ltd.		..NIA	Surgicare of Mobile, LLC	..Influence	..20.000	UnitedHealth Group Incorporated		..5
		..00000	75-2448926				Surgicare of Oceanside, Inc.		..NIA	Surgery Center Holding, LLC	..Ownership	..100.000	UnitedHealth Group Incorporated		
		..00000	75-2184730				Surgicare of Owensboro, LLC		..NIA	Surgery Center Holding, LLC	..Ownership	..100.000	UnitedHealth Group Incorporated		
		..00000	75-2200171				Surgicare of Salem, LLC		..NIA	Surgery Center Holding, LLC	..Ownership	..100.000	UnitedHealth Group Incorporated		
		..00000	35-1975122				Surgicare, LLC		..NIA	SCA-SurgiCare, LLC	..Ownership	..53.680	UnitedHealth Group Incorporated		..2
		..00000	82-3717201				SurgiCenter of San Antonio at Westover Hills, LLC		..NIA	SCA-Westover Hills, LLC	..Influence	..45.360	UnitedHealth Group Incorporated		..5
		..00000	95-3329855				Surgicenters of Southern California, Inc.		..NIA	Surgery Center Holding, LLC	..Ownership	..100.000	UnitedHealth Group Incorporated		
..0707	UnitedHealth Group Incorporated	..00000	46-1536748				Symphonix Health Holdings, LLC	..DE	..NIA	United HealthCare Services, Inc.	..Ownership	..100.000	UnitedHealth Group Incorporated		
..0707	UnitedHealth Group Incorporated	..84549	38-2044243				Symphonix Health Insurance, Inc.	..IL	..IA	Symphonix Health Holdings, LLC	..Ownership	..100.000	UnitedHealth Group Incorporated		
..0707	UnitedHealth Group Incorporated	..00000	47-4751035				TeamMD Holdings, Inc.	..DE	..NIA	AmeriChoice Corporation	..Ownership	..100.000	UnitedHealth Group Incorporated		
..0707	UnitedHealth Group Incorporated	..00000	47-4850893				TeamMD Iowa, Inc.	..DE	..NIA	TeamMD Holdings, Inc.	..Ownership	..100.000	UnitedHealth Group Incorporated		
..0707	UnitedHealth Group Incorporated	..00000	30-0445773				TeamMD Physicians, P.C.	..IA	..OTH	Physician(s) owned	..Influence	..0.000	UnitedHealth Group Incorporated		..4
..0707	UnitedHealth Group Incorporated	..00000					Tecnologías de Información en Salud S.A.	..CHL	..NIA	Clínica Santa María S.A.	..Ownership	..50.000	UnitedHealth Group Incorporated		
..0707	UnitedHealth Group Incorporated	..00000					Tecnologías de Información en Salud S.A.	..CHL	..NIA	Clínica Dávila y Servicios Médicos S.A.	..Ownership	..50.000	UnitedHealth Group Incorporated		
..0707	UnitedHealth Group Incorporated	..00000	38-3897811				Texas Health Craig Ranch Surgery Center, LLC	..TX	..NIA	THR-SCA Holdings, LLC	..Influence	..51.500	UnitedHealth Group Incorporated		..5
		..00000	80-0866449				Texas Health Flower Mound Orthopedic Surgery Center, LLC	..TX	..NIA	THR-SCA Holdings, LLC	..Influence	..51.000	UnitedHealth Group Incorporated		..5
		..00000	81-4977249				Texas Health Orthopedic Surgery Center Alliance, LLC	..TX	..NIA	THR-SCA Holdings, LLC	..Influence	..51.000	UnitedHealth Group Incorporated		..5
..0707	UnitedHealth Group Incorporated	..00000	82-2296081				Texas Health Surgery Center Alliance, LLC	..TX	..NIA	THR-SCA Holdings, LLC	..Influence	..77.583	UnitedHealth Group Incorporated		..5
..0707	UnitedHealth Group Incorporated	..00000	82-1307876				Texas Health Surgery Center Bedford, LLC	..TX	..NIA	THR-SCA Holdings, LLC	..Influence	..51.010	UnitedHealth Group Incorporated		..5
		..00000	20-3991622				Texas Health Surgery Center Preston Plaza, LLC	..TX	..NIA	THR-SCA Holdings, LLC	..Influence	..53.048	UnitedHealth Group Incorporated		..5
..0707	UnitedHealth Group Incorporated	..00000	47-4425996				Texas Health Surgery Center Rockwall, LLC	..TX	..NIA	THR-SCA Holdings, LLC	..Influence	..51.000	UnitedHealth Group Incorporated		..5
..0707	UnitedHealth Group Incorporated	..00000					The Advisory Board (Chile) SpA	..CHL	..NIA	The Advisory Board Company	..Ownership	..100.000	UnitedHealth Group Incorporated		
..0707	UnitedHealth Group Incorporated	..00000	52-1468699				The Advisory Board Company	..DE	..NIA	OptumInsight, Inc.	..Ownership	..100.000	UnitedHealth Group Incorporated		
		..00000	20-5562797				The Eye Surgery Center of the Carolinas, L.P.	..NC	..NIA	Surgery Center of Southern Pines, LLC	..Influence	..46.000	UnitedHealth Group Incorporated		..5
..0707	UnitedHealth Group Incorporated	..00000	56-1970224				The Lewin Group, Inc.	..NC	..NIA	Optum Public Sector Solutions, Inc.	..Ownership	..100.000	UnitedHealth Group Incorporated		
..0707	UnitedHealth Group Incorporated	..00000	61-1409045				The Outpatient Surgery Center of Hilton Head, LLC	..SC	..NIA	SCA-Hilton Head, LLC	..Ownership	..50.000	UnitedHealth Group Incorporated		..2
..0707	UnitedHealth Group Incorporated	..00000	72-1349755				The Surgery Center of Easton, L.P.	..TN	..NIA	Surgery Center of Easton, LLC	..Ownership	..57.000	UnitedHealth Group Incorporated		..2
..0707	UnitedHealth Group Incorporated	..00000	63-1184215				The Surgical Center at Tenaya, L.P.	..TN	..NIA	Surgery Center of Summerlin, LLC	..Influence	..20.000	UnitedHealth Group Incorporated		..5
..0707	UnitedHealth Group Incorporated	..00000	06-1552689				The Surgical Center of Connecticut, LLC	..CT	..NIA	SCA-Main Street, LLC	..Influence	..62.120	UnitedHealth Group Incorporated		..5
		..00000	37-1446353				THE SURGICAL CENTER OF THE TREASURE COAST, L.L.C.	..FL	..NIA	SCA-St. Lucie, LLC	..Ownership	..51.000	UnitedHealth Group Incorporated		..2
..0707	UnitedHealth Group Incorporated	..00000	26-1479919				Thomas Johnson Surgery Center, LLC	..MD	..NIA	SCA-Frederick, LLC	..Ownership	..65.000	UnitedHealth Group Incorporated		..2
..0707	UnitedHealth Group Incorporated	..00000	77-0367271				Thousand Oaks Endoscopy Center, LLC	..CA	..NIA	Endoscopy Center Affiliates, Inc.	..Ownership	..99.000	UnitedHealth Group Incorporated		..2
..0707	UnitedHealth Group Incorporated	..00000	25-1825549				Three Rivers Holdings, Inc.	..DE	..NIA	AmeriChoice Corporation	..Ownership	..100.000	UnitedHealth Group Incorporated		
..0707	UnitedHealth Group Incorporated	..00000	63-1194203				Three Rivers Surgical Care, L.P.	..TN	..NIA	Muskogee Surgical Investors, LLC	..Ownership	..72.538	UnitedHealth Group Incorporated		..2
..0707	UnitedHealth Group Incorporated	..00000	59-3143128				Tmesys, LLC	..FL	..NIA	PMSI Holdings, LLC	..Ownership	..100.000	UnitedHealth Group Incorporated		
		..00000	98-1287904				Topimagem Diagnóstico por Imagem Ltda.	..BRA	..NIA	Esho – Empresa de Serviços Hospitalares S.A.	..Ownership	..89.000	UnitedHealth Group Incorporated		..2

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		.00000					Trails Edge Surgery Center, LLCFL	.NIA	SCA-Bonita Springs, LLC	Ownership.....	59.000	UnitedHealth Group Incorporated		2
		.00000	46-5482620				Trauma Surgery Affiliates, LLC .....	.TX	.NIA	National Surgery Centers, LLC	Influence.....	49.000	UnitedHealth Group Incorporated		5
		.00000	52-1431155				Travel Express Incorporated .....	.MD	.NIA	FrontierMEDEX, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	46-2613170				Treasure Valley Emerald Properties, LLC .....	.ID	.NIA	Treasure Valley Hospital Limited Partnership	Influence.....	100.000	UnitedHealth Group Incorporated		5
		.00000	33-0592165				Tri-City Medical Center ASC Operators, LLC ..	.ID	.NIA	Surgical Health, LLC	Influence.....	40.375	UnitedHealth Group Incorporated		5
		.00000	27-2241757				TriMed, LLC .....	.CA	.NIA	Surgicare of Oceanside, Inc.	Influence.....	40.000	UnitedHealth Group Incorporated		5
		.00000	47-5088596				Trio Motion, LLC .....	.UT	.NIA	National MedTrans, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		5
		.00000	46-5530255				Tuscaloosa Surgical Center, L.P. ....	.DE	.NIA	Savvysherpa, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	63-0974161				U.S. Behavioral Health Plan, California .....	.AL	.NIA	Surgical Center of Tuscaloosa Holdings, LLC	Influence.....	30.000	UnitedHealth Group Incorporated		5
		.00000	94-3077084				UCSD-SCA Holdings I, LLC .....	.CA	.IA	United Behavioral Health	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	81-3287291				UCSD-SCA Holdings II, LLC .....	.DE	.NIA	SCA-Encinitas, Inc.	Influence.....	49.000	UnitedHealth Group Incorporated		5
		.00000	81-3144140				UHC Finance (Ireland) Unlimited Company .....	.DE	.NIA	SCA-San Diego, Inc.	Influence.....	47.961	UnitedHealth Group Incorporated		5
		.00000	98-1388279				UHC Global Health Services BC Ltd. ....	.UnitedHealth Group International Finance (Ireland) Unlimited Company .....	.IRL	.NIA	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	41-1913059				UHC International Services, Inc. ....	.CAN	.NIA	UnitedHealthcare Global Canada Limited	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	95-2931460				UHC of California .....	.DE	.NIA	UnitedHealth Group Incorporated	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	82-3143073				UHCFI LLC .....	.CA	.IA	United HealthCare Services, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	98-1103713				UHG - FZE .....	.DE	.NIA	OptumRx, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		2
		.00000	98-1372063				UHG Holdings (Ireland) Limited .....	.ARE	.NIA	UnitedHealthcare Global Medical (UK) Limited	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	98-1372064				UHG Services (Ireland) Limited .....	.IRL	.NIA	Limited	Ownership.....	100.000	UnitedHealth Group Incorporated		2
		.00000	98-1122490				UHG Brasil Participações S.A. ....	.IRL	.NIA	UHG Holdings (Ireland) Limited	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	41-1921008				UHC Participações S.A. ....	.BRA	.NIA	UHG Holdings (Ireland) Limited	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	39-1995276				UHC Holdings, Inc. ....	.Polar II Fundo de Investimento em Participações Multiestrategia .....	.NIA	Ownership.....	100.000	UnitedHealth Group Incorporated			
		.00000	98-1444648				Unidad Médica Diagnóstico S.A. ....	.UMR, Inc. ....	.NIA	United HealthCare Services, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	98-1444648				Unidad Médica Diagnóstico S.A. ....	.COL	.NIA	United HealthCare Services, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated .....	.91529	52-1996029				Unimerica Insurance Company .....	.Colmedica Medicina Prepagada .....	.COL	.NIA	Ownership.....	92.380	UnitedHealth Group Incorporated		2
							Unimerica Life Insurance Company of New York .....	.Banmedica Colombia S.A. ....	.COL	.NIA	Ownership.....	7.620	UnitedHealth Group Incorporated		5
.0707	UnitedHealth Group Incorporated .....	.11596	01-0637149				Unimerica Life Insurance Company of New York .....	.OptumHealth Holdings, LLC .....	.WI	.IA	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	25-1877716				Unison Administrative Services, LLC .....	.NY	.IA	UnitedHealthcare Insurance Company	Ownership.....	100.000	UnitedHealth Group Incorporated		2
		.00000	20-5917714				Unison Health Plan of Delaware, Inc. ....	.PA	.NIA	Three Rivers Holdings, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		2
		.00000	94-2649097				United Behavioral Health .....	.DE	.IA	Three Rivers Holdings, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	41-1868911				United Behavioral Health of New York, I.P.A., Inc. ....	.CA	.NIA	OptumHealth Holdings, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	41-1941615				United Health Foundation .....	.NY	.NIA	United Behavioral Health	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	41-1289245	3410132			United HealthCare Services, Inc. ....	.MN	.NIA	UnitedHealth Group Incorporated	Ownership.....	100.000	UnitedHealth Group Incorporated		2
		.00000	30-0318238				United Resource Networks IPA of New York, Inc. ....	.MN	.UIP	UnitedHealth Group Incorporated	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	01-0538317				UnitedHealth Advisors, LLC .....	.NY	.NIA	OptumHealth Care Solutions, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		2
		.00000	41-1321939	4665014	0000731766		UnitedHealth Group Incorporated .....	.ME	.NIA	United HealthCare Services, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	98-1422474				UnitedHealth Group International Finance (Ireland) Unlimited Company .....	.DE	.UIP	Self	Ownership.....	0.000	UnitedHealth Group Incorporated		2
		.00000	98-1079826				UnitedHealth Group International GP .....	.IRL	.NIA	UnitedHealthcare Europe S.á r.l.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	98-1080118				UnitedHealth Group International L.P. ....	.CYM	.NIA	UnitedHealth Group Incorporated	Ownership.....	100.000	UnitedHealth Group Incorporated		5
		.00000	98-1080118				UnitedHealth Group International L.P. ....	.CYM	.NIA	UnitedHealth Group Incorporated	Ownership.....	70.604	UnitedHealth Group Incorporated		2
		.00000	46-3311984				UnitedHealth Group Ventures, LLC .....	.CYM	.NIA	FMG Holdings, LLC	Ownership.....	29.396	UnitedHealth Group Incorporated		5
		.00000	41-1917398				UnitedHealth International, Inc. ....	.DE	.NIA	UnitedHealth Group Incorporated	Ownership.....	100.000	UnitedHealth Group Incorporated		5
		.00000	26-2574977				UnitedHealth Military & Veterans Services, LLCDE	.NIA	UnitedHealth Group Incorporated	Ownership.....	100.000	UnitedHealth Group Incorporated		2

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SCHEDULE Y

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0707	UnitedHealth Group Incorporated	00000	98-0559902				UnitedHealth UK Limited	GBR	NIA	Optum Solutions UK Holdings Limited	Ownership	100.000	UnitedHealth Group Incorporated		
		95174	33-0115163				UnitedHealthcare Benefits of Texas, Inc.		IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
							UnitedHealthcare Benefits Plan of California	CA	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
0707	UnitedHealth Group Incorporated	00000	47-3221444				UnitedHealthcare Community Plan of California, Inc.	CA	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
							UnitedHealthcare Community Plan of Georgia, Inc.	GA	IA	AmeriChoice Corporation	Ownership	100.000	UnitedHealth Group Incorporated		
		13168	26-2688274				UnitedHealthcare Community Plan of Ohio, Inc.	OH	IA	Three Rivers Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
0707	UnitedHealth Group Incorporated	12323	56-2451429				UnitedHealthcare Community Plan of Texas, L.L.C.	TX	IA	Ovations, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
0707	UnitedHealth Group Incorporated	11141	91-2008361				UnitedHealthcare Community Plan, Inc.	MI	IA	AmeriChoice Corporation	Ownership	100.000	UnitedHealth Group Incorporated		
0707	UnitedHealth Group Incorporated	95467	38-3204052				UnitedHealthcare Consulting & Assistance Service (Beijing) Co., Ltd.	CHN	NIA	UnitedHealthcare International I B.V.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	98-1200034							UnitedHealthcare International VI S.à r.l.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	98-1199879				UnitedHealthcare Europe S.à r.l.	LUX	NIA		Ownership	100.000	UnitedHealth Group Incorporated		
0707	UnitedHealth Group Incorporated	00000	98-1029201				UnitedHealthcare Global Medical (UK) Limited	GBR	NIA	UnitedHealthcare International I B.V.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	98-1099116				UnitedHealthcare India Private Limited	IND	NIA	OptumHealth International B.V.	Ownership	99.999	UnitedHealth Group Incorporated		
		00000	98-1099116				UnitedHealthcare India Private Limited	IND	NIA	UnitedHealth International, Inc.	Ownership	0.001	UnitedHealth Group Incorporated		
0707	UnitedHealth Group Incorporated	79413	36-2739571				UnitedHealthcare Insurance Company	CT	IA	UHC Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
0707	UnitedHealth Group Incorporated	60318	36-3800349				UnitedHealthcare Insurance Company of Illinois	IL	IA	UnitedHealthcare Insurance Company	Ownership	100.000	UnitedHealth Group Incorporated		
0707	UnitedHealth Group Incorporated	60093	11-3283886				UnitedHealthcare Insurance Company of New York	NY	IA	UnitedHealthcare Insurance Company	Ownership	100.000	UnitedHealth Group Incorporated		
0707	UnitedHealth Group Incorporated	12231	20-1902768				UnitedHealthcare Insurance Company of the River Valley	IL	IA	UnitedHealthcare Services Company of the River Valley, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
0707	UnitedHealth Group Incorporated	00000	98-1372065				UnitedHealthcare Insurance Designated Activity Company	IRL	IA	UHC Holdings (Ireland) Limited	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	86-0618309				UnitedHealthcare Integrated Services, Inc.	AZ	IA	Ovations, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	41-1988797				UnitedHealthcare International Asia, LLC	DE	NIA	UnitedHealth Group Incorporated	Ownership	100.000	UnitedHealth Group Incorporated		
0707	UnitedHealth Group Incorporated	00000	98-1100512				UnitedHealthcare International I B.V.	NLD	NIA	UnitedHealth Group International L.P.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	98-1079459				UnitedHealthcare International II S.à r.l.	LUX	NIA	UnitedHealthcare International VI S.à r.l.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	98-1340853				UnitedHealthcare International III B.V.	NLD	NIA	UnitedHealthcare Europe S.à r.l.	Ownership	100.000	UnitedHealth Group Incorporated		
0707	UnitedHealth Group Incorporated	00000	98-1077436				UnitedHealthcare International III S.à r.l.	LUX	NIA	Optum Services (Ireland) Limited	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	98-1372054				UnitedHealthcare International IV B.V.	NLD	NIA	OptumHealth International B.V.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	98-1080926				UnitedHealthcare International IV S.à r.l.	LUX	NIA	UnitedHealthcare International VIII S.à r.l.	Ownership	100.000	UnitedHealth Group Incorporated		
0707	UnitedHealth Group Incorporated	00000	98-1372058				UnitedHealthcare International VI S.à r.l.	LUX	NIA	UnitedHealth Group International L.P.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	98-1372060				UnitedHealthcare International VII S.à r.l.	LUX	NIA	UHC Finance (Ireland) Unlimited Company	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	98-1372062				UnitedHealthcare International VIII S.à r.l.	LUX	NIA	UnitedHealthcare International X S.à r.l.	Ownership	100.000	UnitedHealth Group Incorporated		
0707	UnitedHealth Group Incorporated	00000	98-1372062				UnitedHealthcare International VIII S.à r.l.	LUX	NIA	UnitedHealthcare International III S.à r.l.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	98-1372062				UnitedHealthcare International X S.à r.l.	LUX	NIA	UnitedHealthcare International III S.à r.l.	Ownership	100.000	UnitedHealth Group Incorporated		
		97179	86-0207231				UnitedHealthcare Life Insurance Company	WI	IA	Golden Rule Financial Corporation	Ownership	100.000	UnitedHealth Group Incorporated		
0707	UnitedHealth Group Incorporated	95784	63-0899562				UnitedHealthcare of Alabama, Inc.	AL	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
0707	UnitedHealth Group Incorporated	96016	86-0507074				UnitedHealthcare of Arizona, Inc.	AZ	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
0707	UnitedHealth Group Incorporated	95446	63-1036819				UnitedHealthcare of Arkansas, Inc.	AR	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
0707	UnitedHealth Group Incorporated	95090	84-1004639				UnitedHealthcare of Colorado, Inc.	CO	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
0707	UnitedHealth Group Incorporated	95264	59-1293865				UnitedHealthcare of Florida, Inc.	FL	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
0707	UnitedHealth Group Incorporated	95850	58-1653544				UnitedHealthcare of Georgia, Inc.	GA	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
0707	UnitedHealth Group Incorporated	95776	36-3280214				UnitedHealthcare of Illinois, Inc.	IL	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
		.96644	62-1240316				UnitedHealthcare of Kentucky, Ltd. ....	..KY.	..IA.	United HealthCare Services, Inc.	Ownership.....	94.883	UnitedHealth Group Incorporated		
		.96644	62-1240316				UnitedHealthcare of Kentucky, Ltd. ....	..KY.	..IA.	UnitedHealthcare, Inc.	Ownership.....	5.117	UnitedHealth Group Incorporated		
..0707	UnitedHealth Group Incorporated .....	.95833	72-1074008				UnitedHealthcare of Louisiana, Inc. ....	..LA.	..IA.	UnitedHealthcare, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
..0707	UnitedHealth Group Incorporated .....	.95716	63-1036817				UnitedHealthcare of Mississippi, Inc. ....	..MS.	..IA.	UnitedHealthcare, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
..0707	UnitedHealth Group Incorporated .....	.95149	05-0413469				UnitedHealthcare of New England, Inc. ....	..RI.	..IA.	United HealthCare Services, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
..0707	UnitedHealth Group Incorporated .....	.13214	26-2697886				UnitedHealthcare of New Mexico, Inc. ....	..NM.	..IA.	UnitedHealthcare Insurance Company	Ownership.....	100.000	UnitedHealth Group Incorporated		
..0707	UnitedHealth Group Incorporated .....	.95085	06-1172891				UnitedHealthcare of New York, Inc. ....	..NY.	..IA.	AmeriChoice Corporation	Ownership.....	100.000	UnitedHealth Group Incorporated		
..0707	UnitedHealth Group Incorporated .....	.95103	56-1461010				UnitedHealthcare of North Carolina, Inc. ....	..NC.	..IA.	UnitedHealthcare, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
..0707	UnitedHealth Group Incorporated .....	.95186	31-1142815				UnitedHealthcare of Ohio, Inc. ....	..OH.	..IA.	United HealthCare Services, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
..0707	UnitedHealth Group Incorporated .....	.96903	33-0115166				UnitedHealthcare of Oklahoma, Inc. ....	..OK.	..IA.	United HealthCare Services, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
..0707	UnitedHealth Group Incorporated .....	.95893	93-0938819				UnitedHealthcare of Oregon, Inc. ....	..OR.	..IA.	United HealthCare Services, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
..0707	UnitedHealth Group Incorporated .....	.95220	25-1756858				UnitedHealthcare of Pennsylvania, Inc. ....	..PA.	..IA.	Three Rivers Holdings, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
..0707	UnitedHealth Group Incorporated .....	.95765	95-3939697				UnitedHealthcare of Texas, Inc. ....	..TX.	..IA.	UnitedHealthcare, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
..0707	UnitedHealth Group Incorporated .....	.95025	52-1130183				UnitedHealthcare of the Mid-Atlantic, Inc. ....	..MD.	..IA.	UnitedHealthcare, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
..0707	UnitedHealth Group Incorporated .....	.95591	47-0676824				UnitedHealthcare of the Midlands, Inc. ....	..NE.	..IA.	UnitedHealthcare, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
..0707	UnitedHealth Group Incorporated .....	.96385	43-1361841				UnitedHealthcare of the Midwest, Inc. ....	..MO.	..IA.	UnitedHealthcare, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
..0707	UnitedHealth Group Incorporated .....	.95501	41-1488563				UnitedHealthcare of Utah, Inc. ....	..UT.	..IA.	UnitedHealthcare, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
..0707	UnitedHealth Group Incorporated .....	.48038	91-1312551				UnitedHealthcare of Washington, Inc. ....	..WA.	..IA.	United HealthCare Services, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
..0707	UnitedHealth Group Incorporated .....	.95710	39-1555888				UnitedHealthcare of Wisconsin, Inc. ....	..WI.	..IA.	UnitedHealthcare, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
							UnitedHealthcare Plan of the River Valley, Inc. ....	..IL.	..IA.	UnitedHealthcare Services Company of the River Valley, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	47-0854646				UnitedHealthcare Service LLC .....	..DE.	..NIA.	UnitedHealthcare Insurance Company	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	36-3355110				UnitedHealthcare Services Company of the River Valley, Inc. ....	..DE.	..NIA.	UnitedHealthcare, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	01-0518346				UnitedHealthcare Specialty Benefits, LLC .....	..ME.	..NIA.	Specialty Benefits, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	41-1922511				UnitedHealthcare, Inc. ....	..DE.	..NIA.	United HealthCare Services, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	26-4219191				UpFront Insurance Agency, LLC .....	..MN.	..NIA.	Savvysherpa, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	47-3564984				UPHT-SCA Holdings, LLC .....	..DE.	..NIA.	SCA-Davenport, LLC	Influence.....	49.000	UnitedHealth Group Incorporated .....		..5
		.00000	33-0812827				Upland Outpatient Surgical Center, L.P. ....	..CA.	..NIA.	NSC Upland, LLC	Ownership.....	72.800	UnitedHealth Group Incorporated .....		..2
		.00000	95-3222717				Upland Specialty Medical Center, a California General Partnership .....	..CA.	..NIA.	Upland Outpatient Surgical Center, L.P.	Influence.....	29.060	UnitedHealth Group Incorporated .....		..5
		.00000	26-0382877				Urgent Care Holdings, Inc. ....	..DE.	..NIA.	Optum Clinics Intermediate Holdings, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	26-3667220				Urgent Care MSO, LLC .....	..DE.	..NIA.	Urgent Care Holdings, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	82-2400620				Urgent Care New York, P.C. ....	..NY.	..OTH.	Physician(s) owned	Influence.....	0.000	UnitedHealth Group Incorporated .....		..4
		.00000	75-2613230				Urology Associates of North Texas, P.L.L.C. .	..TX.	..NIA.	USMD Affiliated Services	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	47-2101539				USC/SCA Surgical Holdings, LLC .....	..DE.	..NIA.	SCA California Surgical Holdings, LLC	Influence.....	49.000	UnitedHealth Group Incorporated .....		..5
		.00000	20-8048861				USMD Administrative Services, L.L.C. ....	..TX.	..NIA.	USMD Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	27-2956222				USMD Affiliated Services .....	..TX.	..NIA.	USMD Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	27-2866866				USMD Holdings, Inc. ....	..DE.	..NIA.	WellMed Medical Management, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	20-8050318				USMD Inc. ....	..TX.	..NIA.	USMD Holdings, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	73-1662757				USMD of Arlington GP, L.L.C. ....	..TX.	..OTH.	Mat-Rx Development, L.L.C.	Influence.....	0.000	UnitedHealth Group Incorporated .....		..4
		.00000	35-2446102				USMD PPM, LLC .....	..TX.	..NIA.	USMD Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	63-1182191				Vailley Hospital, L.L.C. ....	..WA.	..NIA.	Surgery Center of Spokane, LLC	Ownership.....	50.000	UnitedHealth Group Incorporated .....		..2
		.00000	87-0757396				Valley Physicians Network, Inc. ....	..CA.	..NIA.	PrimeCare Medical Network, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	81-4629242				VERTA MANAGEMENT SERVICES, LLC .....	..DE.	..NIA.	SCA-VERTA, LLC	Ownership.....	50.000	UnitedHealth Group Incorporated .....		..2
		.00000					Victory Rollover Holdings LLC .....	..DE.	..NIA.	UnitedHealth Group Ventures, LLC	Ownership.....	85.790	UnitedHealth Group Incorporated		
		.00000					Victory Rollover Holdings LLC .....	..DE.	..NIA.	Pacifica Labs, Inc.	Ownership.....	14.210	UnitedHealth Group Incorporated		
		.00000	98-1444067				Vida Tres Internacional S.A. ....	..CHL.	..NIA.	Banmédica S.A.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	98-1443076				Vidaintegra S.A. ....	..CHL.	..NIA.	Banmédica S.A.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000					Virtual Therapeutics Corporation .....	..DE.	..NIA.	United HealthCare Services, Inc.	Ownership.....	33.000	UnitedHealth Group Incorporated .....		..2
		.00000	47-3247166				Virtua-SCA Holdings, LLC .....	..NJ.	..NIA.	SCA-New Jersey, LLC	Influence.....	49.000	UnitedHealth Group Incorporated .....		..5
		.00000	36-3469841				Wauwatosa Outpatient Surgery Center, LLC .....	..DE.	..NIA.	Surgery Centers-West Holdings, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	36-3469839				Wauwatosa Surgery Center, Limited PartnershipWI.	..NIA.	Wauwatosa Outpatient Surgery Center, LLC ..	Ownership.....	51.000	UnitedHealth Group Incorporated2

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
		.00000	20-5429310				Wayland Square Surgicare Acquisition, L.P.	RI	NIA	Wayland Square Surgicare GP, Inc.	Ownership	99.000	UnitedHealth Group Incorporated		2
		.00000	75-2500274				Wayland Square Surgicare GP, Inc.	RI	NIA	Surgery Center Holding, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	46-2854394				Waypoint Minnesota PC	MN	OTH	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000					WebInsure Benefits, LLC	DE	NIA	hCentive, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	74-2574229				WellMed Medical Group, P.A.	TX	OTH	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	74-2797745				WellMed Medical Management of Florida, Inc.	FL	NIA	WellMed Medical Management, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	74-2786364				WellMed Medical Management, Inc.	TX	NIA	Collaborative Care Holdings, LLC	Ownership	80.000	UnitedHealth Group Incorporated		2
		.00000	35-2314192				WellMed Network of Florida, Inc.	TX	OTH	WellMed Networks, Inc.	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	74-2889447				WellMed Networks, Inc.	TX	OTH	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	92-0183013				WellMed of Las Cruces, Inc.	TX	OTH	WellMed Networks, Inc.	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	27-2809113				West Coast Endoscopy Holdings, LLC	DE	NIA	SCA Surgery Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	06-1521999				Western Connecticut Orthopedic Surgical Center, LLC	CT	NIA	SCA-Western Connecticut, LLC	Ownership	59.586	UnitedHealth Group Incorporated		2
		.00000	45-0636596				WESTMED Practice Partners LLC	DE	NIA	Collaborative Care Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000					WillowB Labs LLC	DE	NIA	OptumRx, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000					Wilmington ASC, LLC	NC	NIA	SCA-Wilmington, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	27-4816583				Wilson Creek Surgical Center, LLC	TX	NIA	THR-SCA Holdings, LLC	Influence	51.000	UnitedHealth Group Incorporated		5
		.00000	46-5548304				Winchester Endoscopy, LLC	IL	NIA	SCA-Winchester, LLC	Ownership	51.000	UnitedHealth Group Incorporated		2
		.00000	62-1525776				Winter Park Surgery Center, L.P.	TN	NIA	Winter Park, LLC	Influence	32.000	UnitedHealth Group Incorporated		5
		.00000	62-1525776				Winter Park Surgery Center, L.P.	TN	NIA	SCA-Winter Park, Inc.	Influence	1.000	UnitedHealth Group Incorporated		5
		.00000	62-1587564				Winter Park, LLC	TN	NIA	SCA-Winter Park, Inc.	Ownership	51.000	UnitedHealth Group Incorporated		2
		.00000	45-2158334				WND Medical, PLLC	TX	OTH	WellMed Networks, Inc.	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	52-2102846				XLHealth Corporation	MD	NIA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1107695				XLHealth Corporation India Private Limited	IND	NIA	XLHealth Corporation	Ownership	99.998	UnitedHealth Group Incorporated		
		.00000	98-1107695				XLHealth Corporation India Private Limited	IND	NIA	UnitedHealth International, Inc.	Ownership	0.002	UnitedHealth Group Incorporated		
		.00000	46-3537245				XLHome Michigan, P.C.	MI	OTH	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	45-5530241				XLHome Northeast, P.C.	NJ	OTH	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	46-2931689				XLHome Oklahoma, Inc.	OK	OTH	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	27-3543997				XLHome, P.C.	MD	OTH	Physician(s) owned	Influence	0.000	UnitedHealth Group Incorporated		4
		.00000	11-3764012				Your Health Options Insurance Services, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		

Asterisk	Explanation
1	TBD - Majority and/or Minority or additional shareholder information will be disclosed in a future reporting period.
2	The remaining percentage is owned by either: 1) non-affiliated entity(ies), 2) external shareholders, 3) outside investors or 4) multiple sources.
3	Currently undergoing a liquidation procedure.
4	Represents a physician or physicians' owned entity, where the entity is deemed to be influenced by the ultimate owner.
5	Represents a minority-owned entity (with respect to the ultimate owner), where the ultimate owner is deemed to have influence over the entity.

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	41-1913523	ACN Group IPA of New York, Inc.					154,107				154,107	
	27-0015861	ACN Group of California, Inc.	(5,000,000)				10,972,266				5,972,266	
82406	35-1665915	All Savers Insurance Company	(475,000,000)				(47,493,306)	44,675			(522,448,631)	1,049
73130	35-1744596	All Savers Life Insurance Company of California					(6,924)				(6,924)	
	54-1743136	AmeriChoice Corporation	173,000,000	(75,000,000)							98,000,000	
95497	22-3368602	AmeriChoice of New Jersey, Inc.					(352,511,855)				(352,511,855)	
	86-0813232	Arizona Physicians IPA	(25,000,000)				(691,365,070)				(716,365,070)	
	30-0842394	AxelaCare Intermediate Holdings, LLC					178,362,650				178,362,650	
	88-0267857	Behavioral Healthcare Options, Inc.					6,795,157				6,795,157	
	81-0881243	California Springs Holdings PC	6,910,000								6,910,000	
12558	45-4976934	Care Improvement Plus of Texas Insurance Company	(15,000,000)				(253,162,349)				(268,162,349)	
12567	20-3888112	Care Improvement Plus South Central Insurance Company					(353,078,427)	(5,420)			(353,083,847)	54
14041	27-5038136	Care Improvement Plus Wisconsin Insurance Company		4,000,000			(45,442,495)				(41,442,495)	
	52-1811176	DBP Services of New York IPA, Inc.					1,959,368				1,959,368	
	52-1452809	Dental Benefit Providers of California, Inc.	(5,000,000)				(7,412,983)				(12,412,983)	
52053	36-4008355	Dental Benefit Providers of Illinois, Inc.					(40,582)				(40,582)	
	41-2014834	Dental Benefit Providers, Inc.					182,241,717				182,241,717	
	37-0855360	Golden Rule Financial Corporation	557,000,000								557,000,000	
62286	37-6028756	Golden Rule Insurance Company	(82,000,000)				(216,614,411)				(298,614,411)	
	27-2337725	Greater Phoenix Collaborative Care, P.C.					122				122	
	98-0213198	H&W Indemnity (SPC), Ltd.									0	31,080,188
79480	35-1279304	Harken Health Insurance Company	(20,000,000)				777,132				(19,222,868)	
96342	88-0201035	Health Plan of Nevada, Inc.	(145,000,000)				(980,321,468)	(3,284,486)			(1,128,605,954)	40,405
	13-4138668	INSPIRIS of New York IPA, Inc.					282,834,924				282,834,924	
	45-3143218	Lifepoint East, Inc.					103,215,260				103,215,260	
	27-2309024	LifePrint Health, Inc.					3,056,067,613				3,056,067,613	
60321	52-1803283	MAMSI Life and Health Insurance Company					(16,674,456)	(118,629)			(16,793,085)	3,785
	95-4874334	March Vision Care Group, Inc.	(6,910,000)				26,933,254				20,023,254	
96310	52-1169135	MD-Individual Practice Association, Inc.	(30,000,000)				(25,473,965)	(303,694)			(55,777,659)	9,872
12756	20-3391186	Medica Health Plans of Florida, Inc.					8,624				8,624	
12155	01-0788576	Medica HealthCare Plans, Inc.	(5,000,000)				(72,096,210)				(77,096,210)	
	22-3935634	Monarch Health Plan, Inc.						(3,942,481)			(3,942,481)	
	47-2336925	National MedTrans, LLC					4,875,023				4,875,023	
95251	76-0196559	National Pacific Dental, Inc.	(1,800,000)				(1,112,512)				(2,912,512)	
95123	65-0996107	Neighborhood Health Partnership, Inc.	(44,000,000)				(81,624,477)				(125,624,477)	
95758	88-0228572	Nevada Pacific Dental					(295,588)				(295,588)	
	72-1267232	New Orleans Regional Physician Hospital Organization, L.L.C.					(826,667,940)				(826,667,940)	

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
96940	52-1518174	Optimum Choice, Inc.	(10,000,000)				(39,494,040)	(228,418)			(49,722,458)	1,251
69647	31-0628424	Optum Insurance of Ohio, Inc.	(14,000,000)				(10,956,547)				(24,956,547)	
	41-1591944	OptumHealth Care Solutions, Inc.					275,713,891				275,713,891	
	41-1858498	OptumInsight, Inc.					372,344,816				372,344,816	
	01-0516051	OptumRx, Inc.					7,200,345,063				7,200,345,063	
	13-3818652	OrthoNet LLC					1,285,451				1,285,451	
	30-0029448	OrthoNet of the Mid-Atlantic, Inc.					(24,347)				(24,347)	
78026	22-2797560	Oxford Health Insurance, Inc.	(390,000,000)				(919,112,682)	(60,252)			(1,309,172,934)	2,281,691
96798	06-1181201	Oxford Health Plans (CT), Inc.	(50,000,000)				(285,729,226)	(1,672,256)			(337,401,482)	10,279
95506	22-2745725	Oxford Health Plans (NJ), Inc.	(38,000,000)				(110,816,497)	1,619,813			(147,196,684)	951,150
95479	06-1181200	Oxford Health Plans (NY), Inc.	(25,000,000)				(138,963,104)				(163,963,104)	
	52-2443751	Oxford Health Plans LLC	113,000,000								113,000,000	
70785	35-1137395	PacifiCare Life and Health Insurance Company	(3,400,000)				(1,333,774)	161			(4,733,613)	12,290
84506	95-2829463	PacifiCare Life Assurance Company					104,913				104,913	
95617	94-3267522	PacifiCare of Arizona, Inc.	(6,000,000)				(1,576,364)	(2,319)			(7,578,683)	
95434	84-1011378	PacifiCare of Colorado, Inc.	(27,000,000)				(1,148,067,771)	(4,222,907)			(1,179,290,678)	
95685	86-0875231	PacifiCare of Nevada, Inc.					(241,026)	(587)			(241,613)	
13607	20-5662149	People's Health, Inc.					826,667,940				826,667,940	
11494	04-3677255	Physicians Health Choice of Texas, LLC		10,000,000			(599,774,551)	(311,072)			(590,085,623)	330
11176	65-0885893	Preferred Care Partners, Inc.					(729,114,102)				(729,114,102)	
	33-0607478	PrimeCare Medical Network, Inc.	(65,000,000)				265,329,148				200,329,148	
95482	84-0614905	Rocky Mountain Health Maintenance Organization, Inc.					(74,687,769)				(74,687,769)	
47004	84-1224718	Rocky Mountain HealthCare Options, Inc.					(923,015)				(923,015)	
71420	94-0734860	Sierra Health and Life Insurance Company	(150,000,000)				(2,116,487,285)	(59,583)			(2,266,546,868)	(40,405)
	88-0201420	Southwest Medical Associates, Inc.					207,501,109				207,501,109	
	71-0886811	Spectera of New York, IPA, Inc.					34,298				34,298	
	52-1260282	Spectera, Inc.					23,860,408				23,860,408	
84549	38-2044243	Symphonix Health Insurance		55,000,000			(302,460,305)				(247,460,305)	
	94-3077084	U.S. Behavioral Health Plan, California					48,666,233				48,666,233	
	95-2931460	UHC of California	(50,000,000)				(1,089,514,870)				(1,139,514,870)	
91529	52-1996029	Unimerica Insurance Company	(18,000,000)				(35,170,926)	11,359,492			(41,811,434)	(4,741,135)
11596	01-0637149	Unimerica Life Insurance Company of New York					(1,423,838)				(1,423,838)	
	20-5917714	Unison Health Plan of Delaware, Inc.	(35,000,000)				(1,231,130)	(3,937,573)			(40,168,703)	
	94-2649097	United Behavioral Health					1,505,191,000				1,505,191,000	
	41-1868911	United Behavioral Health of New York, I.P.A., Inc.					1,798,006				1,798,006	
	41-1289245	United HealthCare Services, Inc.	2,822,000,000	(409,000,000)			12,252,969,100				14,665,969,100	
	41-1321939	UnitedHealth Group Incorporated					2,248,956,966				2,248,956,966	
95174	33-0115163	UnitedHealthcare Benefits of Texas, Inc.	(20,000,000)				(2,499,211,749)	(4,757,933)			(2,523,969,682)	38,352
	47-3221444	UnitedHealthcare Benefits Plan of California					(118,344)				(118,344)	

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	46-4348775	UnitedHealthcare Community Plan of California, Inc.	(40,000,000)	75,000,000			(8,351,571)				26,648,429	
13168	26-2688274	UnitedHealthcare Community Plan of Georgia, Inc.					2,280				2,280	
12323	56-2451429	UnitedHealthcare Community Plan of Ohio, Inc.	(25,000,000)				(484,360,601)	9,898,523			(499,462,078)	18,462,343
11141	91-2008361	UnitedHealthcare Community Plan of Texas, L.L.C.		30,000,000			(281,430,826)	(2,584,381)			(254,015,207)	148,243
95467	38-3204052	UnitedHealthcare Community Plan, Inc.	(18,000,000)			(165,439,881)	4,201,499				(179,238,382)	1,207,667
79413	36-2739571	UnitedHealthcare Insurance Company	(1,295,000,000)	250,000,000			(9,805,486,137)	142,702,777			(10,707,783,360)	(467,852,784)
60318	36-3800349	UnitedHealthcare Insurance Company of Illinois	(65,000,000)				(164,732,524)	540,405			(229,192,119)	87,196
60093	11-3283886	UnitedHealthcare Insurance Company of New York					(552,996,181)	(70,689,059)			(623,685,240)	283,685,417
12231	20-1902768	UnitedHealthcare Insurance Company of the River Valley					(179,835,631)	525,580			(179,310,051)	130,438
97179	86-0207231	UnitedHealthcare Life insurance Company					(45,202,639)	(15,023)			(45,217,662)	(12,290)
95784	63-0899562	UnitedHealthcare of Alabama, Inc.	(5,000,000)				(16,043,987)	(94,750)			(21,138,737)	
96016	86-0507074	UnitedHealthcare of Arizona, Inc.	(8,000,000)				(14,221,080)	(135,265)			(22,356,345)	
95446	63-1036819	UnitedHealthcare of Arkansas, Inc.	(3,300,000)				(12,337,845)	(64,841)			(15,702,686)	
95090	84-1004639	UnitedHealthcare of Colorado, Inc.				(16,324,773)	(104,874)				(16,429,647)	
95264	59-1293865	UnitedHealthcare of Florida, Inc.	(65,000,000)			(392,136,019)	(2,500,082)				(459,636,101)	
95850	58-1653544	UnitedHealthcare of Georgia, Inc.				(49,310,328)	(361,566)				(49,671,894)	
95776	36-3280214	UnitedHealthcare of Illinois, Inc.	(5,500,000)				(23,239,317)	(189,296)			(28,928,613)	56
96644	62-1240316	UnitedHealthcare of Kentucky, Ltd.				(19,219,677)	(160,358)				(19,380,035)	
95833	72-1074008	UnitedHealthcare of Louisiana, Inc.				(276,890,193)	(9,124,265)				(286,014,458)	453,507
95716	63-1036817	UnitedHealthcare of Mississippi, Inc.				(115,997,080)	1,030,943				(114,966,137)	297,735
95149	05-0413469	UnitedHealthcare of New England, Inc.				(281,504,581)	(1,544,549)				(283,049,130)	2,622,094
13214	26-2697886	UnitedHealthcare of New Mexico	(10,000,000)			(99,520,740)	1,611,257				(107,909,483)	585,145
95085	06-1172891	UnitedHealthcare of New York, Inc.				(1,068,301,751)					(1,068,301,751)	
95103	56-1461010	UnitedHealthcare of North Carolina, Inc.	(30,000,000)			(54,691,016)	(563,269)				(85,254,285)	
95186	31-1142815	UnitedHealthcare of Ohio, Inc.	(30,000,000)			(8,477,273)	(58,492)				(38,535,765)	
96903	33-0115166	UnitedHealthcare of Oklahoma, Inc.	(22,500,000)			(73,500,809)					(96,000,809)	
95893	93-0938819	UnitedHealthcare of Oregon, Inc.				(232,091,905)					(232,091,905)	
95220	25-1756858	UnitedHealthcare of Pennsylvania, Inc.	(55,000,000)			(230,597,295)	(1,239,032)				(286,836,327)	
95765	95-3939697	UnitedHealthcare of Texas, Inc.	(8,000,000)			(15,558,290)	(177,422)				(23,735,712)	197
95025	52-1130183	UnitedHealthcare of the Mid-Atlantic, Inc.					(157,058,648)	(1,002,542)			(158,061,190)	74
95591	47-0676824	UnitedHealthcare of the Midlands, Inc.	(15,000,000)			(610,122,416)	(12,433,781)				(637,556,197)	
96385	43-1361841	UnitedHealthcare of the Midwest, Inc.	(25,000,000)			(272,320,017)	(32,191,490)				(329,511,507)	130,535,806
95501	41-1488563	UnitedHealthcare of Utah, Inc.				(696,697,980)	(811,366)				(697,509,346)	
48038	91-1312551	UnitedHealthcare of Washington, Inc.	(10,500,000)			(182,557,822)					(193,057,822)	
95710	39-1555888	UnitedHealthcare of Wisconsin, Inc.	(175,000,000)				(1,287,073,071)	(8,472,962)			(1,470,546,033)	

SCHEDULE Y

PART 2 - SUMMARY OF INSURER’S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
95378	36-3379945	UnitedHealthcare Plan of the River Valley, Inc.		60,000,000			(617,273,132)	(6,108,850)			(563,381,982)	
	47-0854646	UnitedHealthcare Service LLC					904,374				904,374	
	01-0518346	UnitedHealthcare Specialty Benefits, LLC					22,230				22,230	
	35-2314192	WellMed Network of Florida, Inc.					882,670,634				882,670,634	
	74-2889447	WellMed Networks, Inc.					2,619,166,239				2,619,166,239	
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a “NONE” report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	Responses
MARCH FILING	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
3. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
4. Will an actuarial opinion be filed by March 1?	YES
APRIL FILING	
5. Will Management’s Discussion and Analysis be filed by April 1?	YES
6. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
7. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1?	YES
8. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
JUNE FILING	
9. Will an audited financial report be filed by June 1?	YES
10. Will Accountant’s Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
AUGUST FILING	
11. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES

The following supplemental reports are required to be filed as part of your annual statement filing **if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a “NONE” report and a bar code will be printed below.** If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING	
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
14. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	YES
16. Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	YES
17. Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	YES
18. Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1?	NO
19. Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?	NO
20. Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
21. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
22. Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1?	NO
23. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
24. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
25. Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?	NO
26. Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?	NO

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

27.	Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1?	NO
28.	Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1?	NO
29.	Will the Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
30.	Will the Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
31.	Will the Management Certification That the Valuation Reflects Management’s Intent required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
32.	Will the Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
33.	Will the Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1?	NO
34.	Will the Worker's Compensation Carve-Out Supplement be filed by March 1?	NO
35.	Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?	YES
36.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
37.	Will an approval from the reporting entity’s state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
38.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
39.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?.....	NO
40.	Will the VM-20 Reserves Supplement be filed with the state of domicile and the NAIC by March 1?	NO
APRIL FILING		
41.	Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by the Valuation Manual be filed with the state of domicile by April 1?	YES
42.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	YES
43.	Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1?	YES
44.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
45.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
46.	Will the Analysis of Annuity Operations by Lines of Business be filed with the state of domicile and the NAIC by April 1?	YES
47.	Will the Analysis of Increase in Annuity Reserves During the Year be filed with the state of domicile and the NAIC by April 1?	YES
48.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
49.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
50.	Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30?	YES
51.	Will the Supplemental Term and Universal Life Insurance Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
52.	Will the Variable Annuities Supplement be filed with the state of domicile and the NAIC by April 1?	NO
AUGUST FILING		
53.	Will Management’s Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
12.	Explanations:	
14.		
18.		
19.		
20.		
21.		
22.		
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44.		
52.		
Bar Codes:		
12.	SIS Stockholder Information Supplement [Document Identifier 420]	
14.	Trusted Surplus Statement [Document Identifier 490]	
18.	Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit [Document Identifier 443]	
19.	Actuarial Opinion on Synthetic Guaranteed Investment Contracts [Document Identifier 444]	
20.	Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 445]	
21.	Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 446]	
22.	Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI [Document Identifier 447]	

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

23.	Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI [Document Identifier 448]	<div><div></div><div>62286201844800000</div></div>
24.	Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) [Document Identifier 449]	<div><div></div><div>62286201844900000</div></div>
25.	C-3 RBC Certifications Required Under C-3 Phase I [Document Identifier 450]	<div><div></div><div>62286201845000000</div></div>
26.	C-3 RBC Certifications Required Under C-3 Phase II [Document Identifier 451]	<div><div></div><div>62286201845100000</div></div>
27.	Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities [Document Identifier 452]	<div><div></div><div>62286201845200000</div></div>
28.	Modified Guaranteed Annuity Model Regulation [Document Identifier 453]	<div><div></div><div>62286201845300000</div></div>
29.	Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII [Document Identifier 436]	<div><div></div><div>62286201843600000</div></div>
30.	Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII [Document Identifier 437]	<div><div></div><div>62286201843700000</div></div>
31.	Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII [Document Identifier 438]	<div><div></div><div>62286201843800000</div></div>
32.	Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII [Document Identifier 439]	<div><div></div><div>62286201843900000</div></div>
33.	Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities [Document Identifier 454]	<div><div></div><div>62286201845400000</div></div>
34.	Workers' Compensation Carve-Out Supplement [Document Identifier 495]	<div><div></div><div>62286201849500000</div></div>
36.	Medicare Part D Coverage Supplement [Document Identifier 365]	<div><div></div><div>62286201836500000</div></div>
37.	Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	<div><div></div><div>62286201822400000</div></div>
38.	Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	<div><div></div><div>62286201822500000</div></div>
39.	Relief from the Requirements for Audit Committees [Document Identifier 226]	<div><div></div><div>62286201822600000</div></div>
40.	VM-20 Reserves Supplement [Document Identifier 456]	<div><div></div><div>62286201845600000</div></div>
44.	Credit Insurance Experience Exhibit [Document Identifier 230]	<div><div></div><div>62286201823000000</div></div>
52.	Variable Annuities Supplement [Document Identifier 286]	<div><div></div><div>62286201828600000</div></div>

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Liabilities Line 25

		1	2
		Current Year	Prior Year
2504.	Fines and Penalties	75,000	75,000
2505.	Unclaimed Property Payable	0	168
2597.	Summary of remaining write-ins for Line 25 from overflow page	75,000	75,168

Additional Write-ins for Exhibit 2 Line 9.3

		Insurance				5	6
		1	Accident and Health		4		
			2	3			
Life	Cost Containment	All Other		Investment	Total		
09.304.	Professional Fees and Consulting	23,858	1,603,472	14,270,016		15,897,346	
09.305.	Training and Recruiting	700	46,705	415,664		463,069	
09.397.	Summary of remaining write-ins for Line 9.3 from overflow page	24,558	1,650,177	14,685,680	0	16,360,415	



SUPPLEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF Alabama.....
NAIC Group Code 0707 NAIC Company Code 62286
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
Person Completing This Exhibit Robert S. Coleman
Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2015				Policies Issued in 2016; 2017; 2018			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-PLAN G	G	NO	0034060	12/01/1991		05/27/2005	12/31/2009	M-CARE SUPP	6,549	10,066	153.7	3	0	0	0.0	0
0199999. Total Experience on Individual Policies										6,549	10,066	153.7	3	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".

360.AK



SUPPLEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF Alaska.....
NAIC Group Code 0707..... NAIC Company Code 62286.....
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278.....
Person Completing This Exhibit Robert S. Coleman.....
Title Associate Director, Actuarial Services..... Telephone Number 317-715-7425.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016; 2017; 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES.....	GRI-H-12.2P.....	P.....	NO.....	.0034060.....	.09/01/1990.....	.....	.01/01/1992.....	.11/01/1991.....	M-GAP PLUS.....	5,862.....	2,822.....	48.1.....	1.....	0.....	0.....	0.0.....	0.....
YES.....	GRI-H-PLAN G.....	G.....	NO.....	.0034000.....	.12/01/1991.....	.....	.06/22/2005.....	.12/31/2009.....	M-CARE SUPP.....	12,953.....	7,731.....	59.7.....	6.....	0.....	0.....	0.0.....	0.....
YES.....	GRI-H-PLAN F.....	F.....	NO.....	.0034000.....	.12/01/1998.....	.....	.06/22/2005.....	.12/31/2009.....	M-CARE SUPP.....	8,409.....	741.....	8.8.....	2.....	0.....	0.....	0.0.....	0.....
0199999. Total Experience on Individual Policies										27,224.....	11,294.....	41.5.....	9.....	0.....	0.....	0.0.....	0.....

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF Arizona.....
NAIC Group Code 0707 NAIC Company Code 62286
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
Person Completing This Exhibit Robert S. Coleman
Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016; 2017; 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES.....	GRI-H-11P/12P.....	P.....	NO.....	0034060.....	12/01/1987.....	.....	01/01/1990.....	09/01/1989.....	M-GAP PLUS.....	24,990.....	10,664.....	42.7.....	3.....	0.....	0.....	0.0.....	0.....
YES.....	GRI-H-12.2.....	P.....	NO.....	0034060.....	06/01/1990.....	.....	12/01/1991.....	12/01/1991.....	M-GAP BASIC.....	3,292.....	537.....	16.3.....	1.....	0.....	0.....	0.0.....	0.....
YES.....	GRI-H-12.2P.....	P.....	NO.....	0034060.....	09/01/1990.....	.....	01/01/1992.....	11/01/1991.....	M-GAP PLUS.....	17,751.....	7,715.....	43.5.....	2.....	0.....	0.....	0.0.....	0.....
YES.....	GRI-H-PLAN A.....	A.....	NO.....	0034000.....	12/01/1991.....	.....	07/05/2005.....	01/01/2006.....	M-CARE SUPP.....	5,219.....	1,610.....	30.8.....	2.....	0.....	0.....	0.0.....	0.....
YES.....	GRI-H-PLAN G.....	G.....	NO.....	0034000.....	12/01/1991.....	.....	07/05/2005.....	01/01/2006.....	M-CARE SUPP.....	91,414.....	85,748.....	93.8.....	38.....	0.....	0.....	0.0.....	0.....
YES.....	GRI-H-PLAN C.....	C.....	NO.....	0034000.....	12/01/1991.....	.....	07/05/2005.....	01/01/2006.....	M-CARE SUPP.....	4,233.....	5,927.....	140.0.....	1.....	0.....	0.....	0.0.....	0.....
YES.....	GRI-H-PLAN F.....	F.....	NO.....	0034000.....	12/01/1998.....	.....	07/05/2005.....	01/01/2006.....	M-CARE SUPP.....	211,405.....	138,061.....	65.3.....	53.....	0.....	0.....	0.0.....	0.....
0199999. Total Experience on Individual Policies										358,304	250,262	69.8	100	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF Arkansas.....
NAIC Group Code 0707 NAIC Company Code 62286
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
Person Completing This Exhibit Robert S. Coleman
Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016; 2017; 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	GRI-H-2.1/2.2	P	NO	0034060	04/01/1983		02/01/1990	02/01/1987	M-GAP BASIC	3,344	2,861	85.5	1	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	0034000	12/01/1991		07/28/2005	12/31/2009	M-CARE SUPP	6,987	487	7.0	4	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034000	12/01/1991		07/28/2005	12/31/2009	M-CARE SUPP	75,938	46,783	61.6	33	0	0	0.0	0
YES	GRI-H-PLAN C	C	NO	0034000	12/01/1991		07/28/2005	12/31/2009	M-CARE SUPP	5,265	321	6.1	2	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	0034000	12/01/1998		07/28/2005	12/31/2009	M-CARE SUPP	206,266	161,968	78.5	103	0	0	0.0	0
0199999. Total Experience on Individual Policies										297,800	212,419	71.3	143	0	0	0.0	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF California.....
 NAIC Group Code 0707..... NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

[illegible]

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
- 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
- 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF Colorado.....
NAIC Group Code 0707 NAIC Company Code 62286
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
Person Completing This Exhibit Robert S. Coleman
Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016; 2017; 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES.....	GRI-H-11P/12P.....	P.....	NO.....	0034060.....	12/01/1987.....		01/01/1990.....	09/01/1989.....	M-GAP PLUS.....	27,590.....	12,106.....	43.9.....	4.....	0.....	0.....	0.0.....	0.....
YES.....	GRI-H-12.2.....	P.....	NO.....	0034060.....	06/01/1990.....		12/01/1991.....	12/01/1991.....	M-GAP BASIC.....	871.....	1,756.....	201.6.....	0.....	0.....	0.....	0.0.....	0.....
YES.....	GRI-H-12.2P.....	P.....	NO.....	0034060.....	09/01/1990.....		01/01/1992.....	11/01/1991.....	M-GAP PLUS.....	13,296.....	2,964.....	22.3.....	2.....	0.....	0.....	0.0.....	0.....
YES.....	GRI-H-PLAN A.....	A.....	NO.....	0034060.....	12/01/1991.....		12/08/2005.....	12/31/2009.....	M-CARE SUPP.....	62.....	0.....	0.0.....	0.....	0.....	0.....	0.0.....	0.....
YES.....	GRI-H-PLAN G.....	G.....	NO.....	0034060.....	12/01/1991.....		12/08/2005.....	12/31/2009.....	M-CARE SUPP.....	263,540.....	216,696.....	82.2.....	97.....	0.....	0.....	0.0.....	0.....
YES.....	GRI-H-PLAN C.....	C.....	NO.....	0034060.....	12/01/1991.....		12/08/2005.....	12/31/2009.....	M-CARE SUPP.....	783.....	2,297.....	293.4.....	0.....	0.....	0.....	0.0.....	0.....
YES.....	GRI-H-PLAN F.....	F.....	NO.....	0034060.....	12/01/1998.....		12/08/2005.....	12/31/2009.....	M-CARE SUPP.....	291,607.....	152,181.....	52.2.....	75.....	0.....	0.....	0.0.....	0.....
0199999. Total Experience on Individual Policies										597,749	388,000	64.9	178	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF Connecticut.....
NAIC Group Code 0707..... NAIC Company Code 62286.....
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278.....
Person Completing This Exhibit Robert S. Coleman.....
Title Associate Director, Actuarial Services..... Telephone Number 317-715-7425.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2015				Policies Issued in 2016; 2017; 2018			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	39,852	33,281	83.5	13	0	0	0.0	0
0199999. Total Experience on Individual Policies										39,852	33,281	83.5	13	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF Delaware.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis, IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

[illegible]

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details _____
 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719 _____
 2.2 Contact Person and Phone Number: Michelle White 317-715-7590 _____
 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719 _____
 3.2 Contact Person and Phone Number: Michelle White 317-715-7590 _____
 4. Explain any policies identified above as policy type "O". _____



SUPPLEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF District of Columbia.....
 NAIC Group Code 0707..... NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

[illegible]

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
- 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
- 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF Florida.....
NAIC Group Code 0707 NAIC Company Code 62286
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
Person Completing This Exhibit Robert S. Coleman
Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016; 2017; 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES.....	GRI-H-2.1/2.2.....	P.....	NO.....	0034060.....	04/01/1983.....		02/01/1990.....	02/01/1987.....	M-GAP BASIC.....	3,843.....	301.....	7.8.....	1.....	0.....	0.....	0.0.....	0.....
	GRI-H-2.1P/HP/2.2P.....	P.....	NO.....	0034060.....	05/01/1983.....		05/01/1990.....	12/01/1987.....	M-GAP PLUS.....	47,606.....	58,855.....	123.6.....	9.....	0.....	0.....	0.0.....	0.....
YES.....	GRI-H-11/12.....	P.....	NO.....	0034060.....	11/01/1987.....		02/01/1990.....	01/01/1989.....	M-GAP BASIC.....	14,053.....	7,340.....	52.2.....	4.....	0.....	0.....	0.0.....	0.....
YES.....	GRI-H-11P/12P.....	P.....	NO.....	0034060.....	12/01/1987.....		01/01/1990.....	09/01/1989.....	M-GAP PLUS.....	339,885.....	272,755.....	80.2.....	65.....	0.....	0.....	0.0.....	0.....
YES.....	GRI-H-PLAN A.....	A.....	NO.....	0034060.....	12/01/1991.....		09/30/2005.....	12/31/2009.....	M-CARE SUPP.....	49,848.....	56,457.....	113.3.....	40.....	0.....	0.....	0.0.....	0.....
YES.....	GRI-H-PLAN G.....	G.....	NO.....	0034060.....	12/01/1991.....		09/30/2005.....	12/31/2009.....	M-CARE SUPP.....	726,654.....	703,857.....	96.9.....	337.....	0.....	0.....	0.0.....	0.....
0199999. Total Experience on Individual Policies										1,181,890	1,099,564	93.0	456	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF Georgia.....
NAIC Group Code 0707 NAIC Company Code 62286
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
Person Completing This Exhibit Robert S. Coleman
Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016; 2017; 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES.....	GRI-H-2.1/2.2	P.....	NO.....	0034060	04/01/1983		02/01/1990	02/01/1987	M-GAP BASIC	114	0	0.0	0	0	0	0.0	0
	GRI-H-																
YES.....	2.1P/HP/2.2P	P.....	NO.....	0034060	05/01/1983		05/01/1990	12/01/1987	M-GAP PLUS	16,718	13,363	79.9	2	0	0	0.0	0
YES.....	GRI-H-11/12	P.....	NO.....	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	1,720	467	27.1	1	0	0	0.0	0
YES.....	GRI-H-11P/12P	P.....	NO.....	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	16,372	29,332	179.2	2	0	0	0.0	0
0199999. Total Experience on Individual Policies										34,925	43,163	123.6	5	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF Hawaii
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis, IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

[illegible]

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
- 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
- 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF Idaho.....
NAIC Group Code 0707 NAIC Company Code 62286
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
Person Completing This Exhibit Robert S. Coleman
Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016; 2017; 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES.....	GRI-H-PLAN G.....	G.....	NO.....	0034060.....	12/01/1991.....		05/27/2005.....	12/31/2009.....	M-CARE SUPP.....	2,564.....	166.....	6.5.....	1.....	0.....	0.....	0.0.....	0.....
0199999. Total Experience on Individual Policies										2,564	166	6.5	1	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF Illinois.....
NAIC Group Code 0707 NAIC Company Code 62286
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
Person Completing This Exhibit Robert S. Coleman
Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016; 2017; 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	GRI-H-2. 1/2. 2	P	NO	.0034060	04/01/1983		.02/01/1990	.02/01/1987	M-GAP BASIC	23,434	17,008	72.6	6	0	0	0.0	0
	GRI-H-2. 1P/HP/2. 2P	P	NO	.0034060	05/01/1983		.05/01/1990	.12/01/1987	M-GAP PLUS	26,452	6,093	23.0	3	0	0	0.0	0
YES	GRI-H-11/12	P	NO	.0034060	11/01/1987		.02/01/1990	.01/01/1989	M-GAP BASIC	41,646	29,375	70.5	16	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	.0034060	12/01/1987		.01/01/1990	.09/01/1989	M-GAP PLUS	224,283	89,783	40.0	34	0	0	0.0	0
YES	GRI-H-2	P	NO	.0034060	06/01/1981		.02/01/1990	.10/01/1983	M-GAP BASIC	3,496	47	1.4	1	0	0	0.0	0
YES	GRI-H-12. 2	P	NO	.0034060	06/01/1990		.12/01/1991	.12/01/1991	M-GAP BASIC	12,772	22,926	179.5	5	0	0	0.0	0
YES	GRI-H-12. 2P	P	NO	.0034060	09/01/1990		.01/01/1992	.11/01/1991	M-GAP PLUS	88,505	22,552	25.5	12	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	.0034060	12/01/1991		.06/02/2005	.12/31/2009	M-CARE SUPP	10,743	4,039	37.6	4	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	.0034060	12/01/1991		.06/02/2005	.12/31/2009	M-CARE SUPP	612,261	605,476	98.9	245	0	0	0.0	0
YES	GRI-H-PLAN C	C	NO	.0034060	12/01/1991		.06/02/2005	.12/31/2009	M-CARE SUPP	3,986	7,553	189.5	1	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	.0034060	12/01/1998		.06/02/2005	.12/31/2009	M-CARE SUPP	308,618	217,700	70.5	94	0	0	0.0	0
0199999. Total Experience on Individual Policies										1,356,197	1,022,552	75.4	421	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".

360 IN



SUPPLEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF Indiana.....
NAIC Group Code 0707 NAIC Company Code 62286
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
Person Completing This Exhibit Robert S. Coleman
Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016; 2017; 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	GRI-H-2.1/2.2	P	NO	0034060	04/01/1983		02/01/1990	02/01/1987	M-GAP BASIC	4,038	604	15.0	1	0	0	0.0	0
YES	GRI-H-2.1P/HP/2.2P	P	NO	0034060	05/01/1983		05/01/1990	12/01/1987	M-GAP PLUS	12,191	4,500	36.9	1	0	0	0.0	0
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	8,571	140	1.6	3	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	54,475	53,982	99.1	8	0	0	0.0	0
YES	GRI-H-12.2	P	NO	0034060	06/01/1990		12/01/1991	12/01/1991	M-GAP BASIC	7,950	3,178	40.0	3	0	0	0.0	0
YES	GRI-H-12.2P	P	NO	0034060	09/01/1990		01/01/1992	11/01/1991	M-GAP PLUS	38,557	9,436	24.5	5	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	0034060	12/01/1991		06/16/2005	12/31/2009	M-CARE SUPP	1,198	525	43.8	1	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034060	12/01/1991		06/16/2005	12/31/2009	M-CARE SUPP	276,047	739,067	267.7	98	0	0	0.0	0
YES	GRI-H-PLAN C	C	NO	0034060	12/01/1991		06/16/2005	12/31/2009	M-CARE SUPP	31,903	11,857	37.2	8	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	0034060	12/01/1998		06/16/2005	12/31/2009	M-CARE SUPP	403,384	253,150	62.8	103	0	0	0.0	0
0199999. Total Experience on Individual Policies										838,313	1,076,439	128.4	231	0	0	0.0	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF Iowa.....
NAIC Group Code 0707 NAIC Company Code 62286
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
Person Completing This Exhibit Robert S. Coleman
Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016; 2017; 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	6,078	3,503	57.6	2	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	18,417	17,789	96.6	3	0	0	0.0	0
YES	GRI-H-12.2P	P	NO	0034060	09/01/1990		01/01/1992	11/01/1991	M-GAP PLUS	19,979	119,717	599.2	2	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034000	12/01/1991		05/27/2005	12/31/2009	M-CARE SUPP	49,591	32,264	65.1	22	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	0034000	12/01/1998		05/27/2005	12/31/2009	M-CARE SUPP	60,776	41,784	68.8	21	0	0	0.0	0
0199999. Total Experience on Individual Policies										154,840	215,056	138.9	50	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".

360.KS



SUPPLEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF Kansas.....
NAIC Group Code 0707 NAIC Company Code 62286
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
Person Completing This Exhibit Robert S. Coleman
Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016; 2017; 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES.....	GRI-H-2.1/2.2.....	P.....	NO.....	0034060.....	04/01/1983.....	.....	02/01/1990.....	02/01/1987.....	M-GAP BASIC.....	4,378.....	3,398.....	77.6.....	1.....	0.....	0.....	0.0.....	0.....
YES.....	GRI-H-11P/12P.....	P.....	NO.....	0034060.....	12/01/1987.....	.....	01/01/1990.....	09/01/1989.....	M-GAP PLUS.....	16,123.....	613.....	3.8.....	2.....	0.....	0.....	0.0.....	0.....
YES.....	GRI-H-12.2.....	P.....	NO.....	0034060.....	06/01/1990.....	.....	12/01/1991.....	12/01/1991.....	M-GAP BASIC.....	6,308.....	4,406.....	69.8.....	2.....	0.....	0.....	0.0.....	0.....
YES.....	GRI-H-PLAN A.....	A.....	NO.....	0034060.....	12/01/1991.....	.....	10/20/2005.....	12/31/2009.....	M-CARE SUPP.....	1,662.....	0.....	0.0.....	1.....	0.....	0.....	0.0.....	0.....
YES.....	GRI-H-PLAN G.....	G.....	NO.....	0034060.....	12/01/1991.....	.....	10/20/2005.....	12/31/2009.....	M-CARE SUPP.....	7,983.....	7,385.....	92.5.....	4.....	0.....	0.....	0.0.....	0.....
0199999. Total Experience on Individual Policies										36,454	15,802	43.3	10	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF Kentucky.....
NAIC Group Code 0707 NAIC Company Code 62286
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
Person Completing This Exhibit Robert S. Coleman
Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016; 2017; 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	GRI-H-11/12	P	NO	.0034060	11/01/1987		.02/01/1990	.01/01/1989	M-GAP BASIC	10, 113	5, 010	49. 5	4	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	.0034060	12/01/1987		.01/01/1990	.09/01/1989	M-GAP PLUS	24, 117	111, 678	463. 1	5	0	0	0.0	0
YES	GRI-H-12. 2	P	NO	.0034060	.06/01/1990		.12/01/1991	.12/01/1991	M-GAP BASIC	11, 728	8, 533	72. 8	4	0	0	0.0	0
YES	GRI-H-12. 2P	P	NO	.0034060	.09/01/1990		.01/01/1992	.11/01/1991	M-GAP PLUS	28, 696	32, 016	111. 6	5	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	.0034060	12/01/1991		.06/06/2005	.12/31/2009	M-CARE SUPP	1, 675	1, 710	102. 1	1	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	.0034060	12/01/1991		.06/06/2005	.12/31/2009	M-CARE SUPP	149, 162	111, 772	74. 9	82	0	0	0.0	0
0199999. Total Experience on Individual Policies										225, 491	270, 718	120. 1	101	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF Louisiana.....
NAIC Group Code 0707..... NAIC Company Code 62286.....
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278.....
Person Completing This Exhibit Robert S. Coleman.....
Title Associate Director, Actuarial Services..... Telephone Number 317-715-7425.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016; 2017; 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	GRI-H-2.1/2.2	P	NO	0034060	04/01/1983		02/01/1990	02/01/1987	M-GAP BASIC	4,357	62	1.4	1	0	0	0.0	0
	GRI-H-2.1P/HP/2.2P	P	NO	0034060	05/01/1983		05/01/1990	12/01/1987	M-GAP PLUS	247	0	0.0	0	0	0	0.0	0
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	6,757	802	11.9	2	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	67,297	58,389	86.8	9	0	0	0.0	0
YES	GRI-H-12.2	P	NO	0034060	06/01/1990		12/01/1991	12/01/1991	M-GAP BASIC	31,164	18,872	60.6	10	0	0	0.0	0
YES	GRI-H-12.2P	P	NO	0034060	09/01/1990		01/01/1992	11/01/1991	M-GAP PLUS	29,950	2,077	6.9	4	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	0034060	12/01/1991		08/03/2005	12/31/2009	M-CARE SUPP	2,126	992	46.7	1	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034060	12/01/1991		08/03/2005	12/31/2009	M-CARE SUPP	498,863	304,714	61.1	188	0	0	0.0	0
YES	GRI-H-PLAN C	C	NO	0034060	12/01/1991		08/03/2005	12/31/2009	M-CARE SUPP	3,397	809	23.8	1	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	0034060	12/01/1998		08/03/2005	12/31/2009	M-CARE SUPP	158,279	123,520	78.0	44	0	0	0.0	0
0199999. Total Experience on Individual Policies										802,438	510,237	63.6	260	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF Maine.....
 NAIC Group Code 0707..... NAIC Company Code 62286.....
 ADDRESS (City, State and Zip Code) Indianapolis, IN 46278.....
 Person Completing This Exhibit Robert S. Coleman.....
 Title Associate Director, Actuarial Services..... Telephone Number 317-715-7425.....

[illegible]

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
- 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
- 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF Maryland.....
NAIC Group Code 0707..... NAIC Company Code 62286.....
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278.....
Person Completing This Exhibit Robert S. Coleman.....
Title Associate Director, Actuarial Services..... Telephone Number 317-715-7425.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2015				Policies Issued in 2016; 2017; 2018			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES.....	GRI-H-PLAN G.....	G.....	NO.....	0034000.....	12/01/1991.....		11/23/2005.....	12/31/2009.....	M-CARE SUPP.....	65,114.....	57,553.....	88.4.....	23.....	0.....	0.....	0.0.....	0.....
YES.....	GRI-H-PLAN C.....	C.....	NO.....	0034060.....	12/01/1991.....		11/23/2005.....	12/31/2009.....	M-CARE SUPP.....	61,656.....	26,876.....	43.6.....	16.....	0.....	0.....	0.0.....	0.....
YES.....	GRI-H-PLAN F.....	F.....	NO.....	0034000.....	12/01/1998.....		11/23/2005.....	12/31/2009.....	M-CARE SUPP.....	169,015.....	64,580.....	38.2.....	50.....	0.....	0.....	0.0.....	0.....
0199999. Total Experience on Individual Policies.....										295,785.....	149,009.....	50.4.....	89.....	0.....	0.....	0.0.....	0.....

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF Massachusetts.....
 NAIC Group Code 0707..... NAIC Company Code 62286.....
 ADDRESS (City, State and Zip Code) Indianapolis, IN 46278.....
 Person Completing This Exhibit Robert S. Coleman.....
 Title Associate Director, Actuarial Services..... Telephone Number 317-715-7425.....

[illegible]

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
 4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF Michigan.....
NAIC Group Code 0707 NAIC Company Code 62286
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
Person Completing This Exhibit Robert S. Coleman
Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016; 2017; 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES.....	GRI-H-2.1P/HP/2.2P	P.....	NO.....	.0034060	.05/01/1983		.05/01/1990	.12/01/1987	M-GAP PLUS	9,681	576	6.0	2	0	0	0.0	0
YES.....	GRI-H-11P/12P	P.....	NO.....	.0034060	.12/01/1987		.01/01/1990	.09/01/1989	M-GAP PLUS	67,720	24,000	35.4	12	0	0	0.0	0
YES.....	GRI-H-2D	P.....	NO.....	.0034060	.02/01/1982		.04/01/1991	.08/01/1992	M-GAP BASIC	4,103	2,746	66.9	1	0	0	0.0	0
YES.....	GRI-H-PLAN A	A.....	NO.....	.0034060	.12/01/1991		.06/21/2005	.12/31/2009	M-CARE SUPP	14,559	13,904	95.5	5	0	0	0.0	0
YES.....	GRI-H-PLAN G	G.....	NO.....	.0034000	.12/01/1991		.06/21/2005	.12/31/2009	M-CARE SUPP	274,275	166,250	60.6	109	0	0	0.0	0
YES.....	GRI-H-PLAN C	C.....	NO.....	.0034060	.12/01/1991		.06/21/2005	.12/31/2009	M-CARE SUPP	84,920	33,902	39.9	22	0	0	0.0	0
YES.....	GRI-H-PLAN F	F.....	NO.....	.0034000	.12/01/1998		.06/21/2005	.12/31/2009	M-CARE SUPP	489,028	299,205	61.2	157	0	0	0.0	0
0199999. Total Experience on Individual Policies										944,286	540,583	57.2	308	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF Minnesota
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis, IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

[illegible]

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
- 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
- 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF Mississippi.....
NAIC Group Code 0707 NAIC Company Code 62286
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
Person Completing This Exhibit Robert S. Coleman
Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016; 2017; 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES.....	GRI-H-11/12.....	P.....	NO.....	0034060.....	11/01/1987.....		02/01/1990.....	01/01/1989.....	M-GAP BASIC.....	1,090.....	1,585.....	145.5.....	0.....	0.....	0.....	0.0.....	0.....
YES.....	GRI-H-PLAN G.....	G.....	NO.....	0034060.....	12/01/1991.....		06/06/2005.....	12/31/2009.....	M-CARE SUPP.....	63,912.....	73,546.....	115.1.....	26.....	0.....	0.....	0.0.....	0.....
YES.....	GRI-H-PLAN F.....	F.....	NO.....	0034060.....	12/01/1998.....		06/06/2005.....	12/31/2009.....	M-CARE SUPP.....	50,601.....	11,483.....	22.7.....	13.....	0.....	0.....	0.0.....	0.....
0199999. Total Experience on Individual Policies.....										115,603.....	86,614.....	74.9.....	39.....	0.....	0.....	0.0.....	0.....

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF Missouri.....
NAIC Group Code 0707 NAIC Company Code 62286
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
Person Completing This Exhibit Robert S. Coleman
Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016; 2017; 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	GRI-H-2.1/2.2	P	NO	0034060	04/01/1983		02/01/1990	02/01/1987	M-GAP BASIC	3,747	0	0.0	1	0	0	0.0	0
	GRI-H-2.1P/HP/2.2P	P	NO	0034060	05/01/1983		05/01/1990	12/01/1987	M-GAP PLUS	1,074	37	3.5	0	0	0	0.0	0
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	7,625	4,249	55.7	3	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	69,942	49,486	70.8	18	0	0	0.0	0
YES	GRI-H-2	P	NO	0034060	06/01/1981		02/01/1990	10/01/1983	M-GAP BASIC	3,391	13,353	393.8	1	0	0	0.0	0
YES	GRI-H-12.2	P	NO	0034060	06/01/1990		12/01/1991	12/01/1991	M-GAP BASIC	17,227	23,338	135.5	6	0	0	0.0	0
YES	GRI-H-12.2P	P	NO	0034060	09/01/1990		01/01/1992	11/01/1991	M-GAP PLUS	35,483	12,085	34.1	6	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	0034060	12/01/1991		10/27/2005	12/31/2009	M-CARE SUPP	12,737	8,025	63.0	8	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034060	12/01/1991		10/27/2005	12/31/2009	M-CARE SUPP	1,461,333	1,048,437	71.7	563	0	0	0.0	0
0199999. Total Experience on Individual Policies										1,612,558	1,159,010	71.9	606	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF Montana.....
 NAIC Group Code 0707..... NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis, IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

[illegible]

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
- 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
- 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF Nebraska.....
NAIC Group Code 0707 NAIC Company Code 62286
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
Person Completing This Exhibit Robert S. Coleman
Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016; 2017; 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
YES.....	GRI-H-11/12.....	P.....	NO.....	.0034060.....	11/01/1987.....02/01/1990.....	.01/01/1989.....	M-GAP BASIC.....	3,088.....	87.....	2.8.....	.1.....	.0.....	.0.....	0.0.....	0.....
YES.....	GRI-H-11P/12P.....	P.....	NO.....	.0034060.....	12/01/1987.....01/01/1990.....	.09/01/1989.....	M-GAP PLUS.....	19,230.....	8,363.....	43.5.....	.3.....	.0.....	.0.....	0.0.....	0.....
YES.....	GRI-H-12.2.....	P.....	NO.....	.0034060.....	06/01/1990.....12/01/1991.....	.12/01/1991.....	M-GAP BASIC.....	6,105.....	409.....	6.7.....	.2.....	.0.....	.0.....	0.0.....	0.....
YES.....	GRI-H-12.2P.....	P.....	NO.....	.0034060.....	09/01/1990.....01/01/1992.....	.11/01/1991.....	M-GAP PLUS.....	10,170.....	405.....	4.0.....	.1.....	.0.....	.0.....	0.0.....	0.....
YES.....	GRI-H-PLAN G.....	G.....	NO.....	.0034000.....	12/01/1991.....06/20/2005.....	.12/31/2009.....	M-CARE SUPP.....	73,284.....	50,378.....	68.7.....	.30.....	.0.....	.0.....	0.0.....	0.....
YES.....	GRI-H-PLAN C.....	C.....	NO.....	.0034000.....	12/01/1991.....06/20/2005.....	.12/31/2009.....	M-CARE SUPP.....	4,331.....	259.....	6.0.....	.1.....	.0.....	.0.....	0.0.....	0.....
YES.....	GRI-H-PLAN F.....	F.....	NO.....	.0034000.....	12/01/1998.....06/20/2005.....	.12/31/2009.....	M-CARE SUPP.....	99,549.....	54,901.....	55.1.....	.30.....	.0.....	.0.....	0.0.....	0.....
0199999. Total Experience on Individual Policies.....										215,757.....	114,802.....	53.2.....	68.....	0.....	0.....	0.0.....	0.....

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF Nevada.....
NAIC Group Code 0707 NAIC Company Code 62286
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
Person Completing This Exhibit Robert S. Coleman
Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016; 2017; 2018			
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12	13			16	17	
										Amount	Percent of Premiums Earned	Amount	Percent of Premiums Earned				
YES.....	GRI-H-12.2.....	P.....	NO.....	0034060.....	06/01/1990.....		12/01/1991.....	12/01/1991.....	M-GAP BASIC.....	2,645.....	3,876.....	146.5.....	1.....	0.....	0.....	0.0.....	0.....
YES.....	GRI-H-PLAN G.....	G.....	NO.....	0034060.....	12/01/1991.....		05/24/2005.....	12/31/2009.....	M-CARE SUPP.....	29,974.....	32,775.....	109.3.....	14.....	0.....	0.....	0.0.....	0.....
0199999. Total Experience on Individual Policies										32,619.....	36,651.....	112.4.....	15.....	0.....	0.....	0.0.....	0.....

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".

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SUPPLEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF New Hampshire.....
NAIC Group Code 0707 NAIC Company Code 62286
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
Person Completing This Exhibit Robert S. Coleman
Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016; 2017; 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES.....	GRI-H-12.2.....	P.....	NO.....	0034060.....	06/01/1990.....		12/01/1991.....	12/01/1991.....	M-GAP BASIC.....	2,589.....	456.....	17.6.....	1.....	0.....	0.....	0.0.....	0.....
0199999. Total Experience on Individual Policies										2,589.....	456.....	17.6.....	1.....	0.....	0.....	0.0.....	0.....

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF New Jersey.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

[illegible]

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
- 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
- 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF New Mexico.....
NAIC Group Code 0707 NAIC Company Code 62286
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
Person Completing This Exhibit Robert S. Coleman
Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016; 2017; 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES.....	GRI-H-11/12	P.....	NO.....	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	45	0	0.0	0	0	0	0.0	0
YES.....	GRI-H-12.2P	P.....	NO.....	0034060	09/01/1990		01/01/1992	11/01/1991	M-GAP PLUS	8,519	2,380	27.9	1	0	0	0.0	0
YES.....	GRI-H-PLAN G	G.....	NO.....	0034060	12/01/1991		09/23/2005	12/31/2009	M-CARE SUPP	26,989	15,365	56.9	10	0	0	0.0	0
0199999. Total Experience on Individual Policies										35,552	17,745	49.9	11	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF New York.....
 NAIC Group Code 0707..... NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

[illegible]

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
- 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
- 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF North Carolina.....
NAIC Group Code 0707 NAIC Company Code 62286
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
Person Completing This Exhibit Robert S. Coleman
Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016; 2017; 2018			
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12	13			16	17	
										Amount	Percent of Premiums Earned	Amount	Percent of Premiums Earned				
YES.....	GRI-H-PLAN A.....	A.....	NO.....	0034060.....	12/01/1991.....		08/12/2005.....	12/31/2009.....	M-CARE SUPP.....	2,321.....	70.....	3.0.....	1.....	0.....	0.....	0.0.....	0.....
YES.....	GRI-H-PLAN G.....	G.....	NO.....	0034060.....	12/01/1991.....		08/12/2005.....	12/31/2009.....	M-CARE SUPP.....	21,029.....	16,265.....	77.3.....	8.....	0.....	0.....	0.0.....	0.....
0199999. Total Experience on Individual Policies										23,351	16,335	70.0	9	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF North Dakota.....
NAIC Group Code 0707..... NAIC Company Code 62286.....
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278.....
Person Completing This Exhibit Robert S. Coleman.....
Title Associate Director, Actuarial Services..... Telephone Number 317-715-7425.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016; 2017; 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	GRI-H-PLAN G	G	NO	0034000	12/01/1991		06/14/2005	12/31/2009	M-CARE SUPP	33,616	16,191	48.2	15	0	0	0.0	0
0199999. Total Experience on Individual Policies										33,616	16,191	48.2	15	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF Ohio.....
NAIC Group Code 0707 NAIC Company Code 62286
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
Person Completing This Exhibit Robert S. Coleman
Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016; 2017; 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	GRI-H-2.1/2.2	P	NO	0034060	04/01/1983		02/01/1990	02/01/1987	M-GAP BASIC	4,311	2,012	46.7	1	0	0	0.0	0
YES	GRI-H-2.1P/HP/2.2P	P	NO	0034060	05/01/1983		05/01/1990	12/01/1987	M-GAP PLUS	31,746	27,355	86.2	3	0	0	0.0	0
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	25,437	12,013	47.2	8	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	189,760	81,890	43.2	26	0	0	0.0	0
YES	GRI-H-12.2	P	NO	0034060	06/01/1990		12/01/1991	12/01/1991	M-GAP BASIC	22,557	18,311	81.2	7	0	0	0.0	0
YES	GRI-H-12.2P	P	NO	0034060	09/01/1990		01/01/1992	11/01/1991	M-GAP PLUS	74,387	27,447	36.9	9	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	0034000	12/01/1991		06/16/2005	12/31/2009	M-CARE SUPP	41,628	16,528	39.7	17	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034000	12/01/1991		06/16/2005	12/31/2009	M-CARE SUPP	1,908,934	1,484,323	77.8	727	0	0	0.0	0
YES	GRI-H-PLAN C	C	NO	0034000	12/01/1991		06/16/2005	12/31/2009	M-CARE SUPP	1,020,732	607,685	59.5	274	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	0034000	12/01/1998		06/16/2005	12/31/2009	M-CARE SUPP	1,680,668	1,166,938	69.4	516	0	0	0.0	0
0199999. Total Experience on Individual Policies										5,000,160	3,444,502	68.9	1,588	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF Oklahoma.....
NAIC Group Code 0707 NAIC Company Code 62286
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
Person Completing This Exhibit Robert S. Coleman
Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016; 2017; 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	5,388	545	10.1	2	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	12,867	4,946	38.4	2	0	0	0.0	0
YES	GRI-H-12.2	P	NO	0034060	06/01/1990		12/01/1991	12/01/1991	M-GAP BASIC	5,600	15,471	276.3	2	0	0	0.0	0
YES	GRI-H-12.2P	P	NO	0034060	09/01/1990		01/01/1992	11/01/1991	M-GAP PLUS	15,397	4,717	30.6	2	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	0034060	12/01/1991		05/23/2005	12/31/2009	M-CARE SUPP	28,895	24,023	83.1	9	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034000	12/01/1991		05/23/2005	12/31/2009	M-CARE SUPP	155,762	135,054	86.7	68	0	0	0.0	0
YES	GRI-H-PLAN C	C	NO	0034000	12/01/1991		05/23/2005	12/31/2009	M-CARE SUPP	3,766	165	4.4	1	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	0034000	12/01/1998		05/23/2005	12/31/2009	M-CARE SUPP	300,084	198,716	66.2	97	0	0	0.0	0
0199999. Total Experience on Individual Policies										527,758	383,637	72.7	183	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF Oregon.....
NAIC Group Code 0707 NAIC Company Code 62286
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
Person Completing This Exhibit Robert S. Coleman
Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2015				Policies Issued in 2016; 2017; 2018			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-12.2P	P	NO	0034060	09/01/1990		01/01/1992	11/01/1991	M-GAP PLUS	6,678	508	7.6	1	0	0	0.0	0
0199999. Total Experience on Individual Policies										6,678	508	7.6	1	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF Pennsylvania.....
NAIC Group Code 0707..... NAIC Company Code 62286.....
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278.....
Person Completing This Exhibit Robert S. Coleman.....
Title Associate Director, Actuarial Services..... Telephone Number 317-715-7425.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016; 2017; 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES.....	GRI-H-2.1P/HP/2.2P	P.....	NO.....	0034060	05/01/1983		05/01/1990	12/01/1987	M-GAP PLUS	7,215	6,282	87.1	2	0	0	0.0	0
0199999. Total Experience on Individual Policies										7,215	6,282	87.1	2	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF Rhode Island.....
 NAIC Group Code 0707..... NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

[illegible]

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
- 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
- 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".

360.SC



SUPPLEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF South Carolina.....
NAIC Group Code 0707 NAIC Company Code 62286
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
Person Completing This Exhibit Robert S. Coleman
Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016; 2017; 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	11,243	7,545	67.1	2	0	0	0.0	0
YES	GRI-H-12.2P	P	NO	0034060	09/01/1990		01/01/1992	11/01/1991	M-GAP PLUS	8,091	3,599	44.5	1	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034060	12/01/1991		07/01/2005	12/31/2009	M-CARE SUPP	122,891	92,932	75.6	54	0	0	0.0	0
YES	GRI-H-PLAN C	C	NO	0034060	12/01/1991		07/01/2005	12/31/2009	M-CARE SUPP	11,220	4,866	43.4	3	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	0034060	12/01/1998		07/01/2005	12/31/2009	M-CARE SUPP	122,874	76,111	61.9	40	0	0	0.0	0
0199999. Total Experience on Individual Policies										276,318	185,054	67.0	100	0	0	0.0	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF South Dakota
NAIC Group Code 0707 NAIC Company Code 62286
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
Person Completing This Exhibit Robert S. Coleman
Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2015				Policies Issued in 2016; 2017; 2018			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-PLAN G	G	NO	0034060	12/01/1991		06/01/2005	12/31/2009	M-CARE SUPP	36,225	32,614	90.0	12	0	0	0.0	0
0199999. Total Experience on Individual Policies										36,225	32,614	90.0	12	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF Tennessee.....
NAIC Group Code 0707 NAIC Company Code 62286
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
Person Completing This Exhibit Robert S. Coleman
Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016; 2017; 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	13,176	10,928	82.9	5	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	87,924	49,833	56.7	16	0	0	0.0	0
YES	GRI-H-12.2	P	NO	0034060	06/01/1990		12/01/1991	12/01/1991	M-GAP BASIC	21,192	11,232	53.0	8	0	0	0.0	0
YES	GRI-H-12.2P	P	NO	0034060	09/01/1990		01/01/1992	11/01/1991	M-GAP PLUS	4,586	1,126	24.5	1	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	0034060	12/01/1991		12/07/2005	12/31/2009	M-CARE SUPP	1,776	9,938	559.4	1	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034060	12/01/1991		12/07/2005	12/31/2009	M-CARE SUPP	207,964	155,224	74.6	98	0	0	0.0	0
YES	GRI-H-PLAN C	C	NO	0034060	12/01/1991		12/07/2005	12/31/2009	M-CARE SUPP	4,703	2,938	62.5	1	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	0034060	12/01/1998		12/07/2005	12/31/2009	M-CARE SUPP	101,244	66,312	65.5	31	0	0	0.0	0
0199999. Total Experience on Individual Policies										442,566	307,530	69.5	161	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".

360.TX



SUPPLEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF Texas.....
NAIC Group Code 0707 NAIC Company Code 62286
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
Person Completing This Exhibit Robert S. Coleman
Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016; 2017; 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	GRI-H-2.1/2.2	P	NO	0034060	04/01/1983		02/01/1990	02/01/1987	M-GAP BASIC	4,237	743	17.5	1	0	0	0.0	0
YES	GRI-H-2.1P/HP/2.2P	P	NO	0034060	05/01/1983		05/01/1990	12/01/1987	M-GAP PLUS	9,565	1,018	10.6	1	0	0	0.0	0
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	5,448	3,732	68.5	3	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	80,626	25,707	31.9	12	0	0	0.0	0
YES	GRI-H-12.2	P	NO	0034060	06/01/1990		12/01/1991	12/01/1991	M-GAP BASIC	24,676	20,867	84.6	9	0	0	0.0	0
YES	GRI-H-12.2P	P	NO	0034060	09/01/1990		01/01/1992	11/01/1991	M-GAP PLUS	68,252	19,104	28.0	9	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	0034060	12/01/1991		09/30/2005	12/31/2009	M-CARE SUPP	18,293	416	2.3	4	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034000	12/01/1991		09/30/2005	12/31/2009	M-CARE SUPP	786,590	413,083	52.5	273	0	0	0.0	0
YES	GRI-H-PLAN C	C	NO	0034000	12/01/1991		09/30/2005	12/31/2009	M-CARE SUPP	23,319	11,320	48.5	5	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	0034000	12/01/1998		09/30/2005	12/31/2009	M-CARE SUPP	1,451,026	888,545	61.2	451	0	0	0.0	0
0199999. Total Experience on Individual Policies										2,472,032	1,384,537	56.0	768	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF Utah
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis, IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

[illegible]

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
- 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
- 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF Vermont.....
NAIC Group Code 0707 NAIC Company Code 62286
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
Person Completing This Exhibit Robert S. Coleman
Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2015				Policies Issued in 2016; 2017; 2018			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	8,964	13,431	149.8	6	0	0	0.0	0
0199999. Total Experience on Individual Policies										8,964	13,431	149.8	6	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF Virginia.....
NAIC Group Code 0707..... NAIC Company Code 62286.....
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278.....
Person Completing This Exhibit Robert S. Coleman.....
Title Associate Director, Actuarial Services..... Telephone Number 317-715-7425.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016; 2017; 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	2,570	1,124	43.7	1	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	14,741	2,864	19.4	2	0	0	0.0	0
YES	GRI-H-12.2	P	NO	0034060	06/01/1990		12/01/1991	12/01/1991	M-GAP BASIC	16,150	9,406	58.2	6	0	0	0.0	0
YES	GRI-H-12.2P	P	NO	0034060	09/01/1990		01/01/1992	11/01/1991	M-GAP PLUS	22,808	6,697	29.4	3	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	0034060	12/01/1991		11/30/2005	12/31/2009	M-CARE SUPP	9,963	7,159	71.9	4	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034060	12/01/1991		11/30/2005	12/31/2009	M-CARE SUPP	251,530	183,925	73.1	99	0	0	0.0	0
YES	GRI-H-PLAN C	C	NO	0034060	12/01/1991		11/30/2005	12/31/2009	M-CARE SUPP	19,804	2,986	15.1	5	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	0034060	12/01/1998		11/30/2005	12/31/2009	M-CARE SUPP	215,520	145,462	67.5	58	0	0	0.0	0
0199999. Total Experience on Individual Policies										553,086	359,623	65.0	178	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719.....
2.2 Contact Person and Phone Number: Michelle White 317-715-7590.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719.....
3.2 Contact Person and Phone Number: Michelle White 317-715-7590.....
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF Washington.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

[illegible]

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
- 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
- 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF West Virginia.....
NAIC Group Code 0707..... NAIC Company Code 62286.....
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278.....
Person Completing This Exhibit Robert S. Coleman.....
Title Associate Director, Actuarial Services..... Telephone Number 317-715-7425.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016; 2017; 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES.....	GRI-H-11/12.....	P.....	NO.....	0034060.....	11/01/1987.....	.....	02/01/1990.....	01/01/1989.....	M-GAP BASIC.....	3,170.....	83.....	2.6.....	1.....	0.....	0.....	0.0.....	0.....
YES.....	GRI-H-11P/12P.....	P.....	NO.....	0034060.....	12/01/1987.....	.....	01/01/1990.....	09/01/1989.....	M-GAP PLUS.....	5,426.....	6,823.....	125.8.....	1.....	0.....	0.....	0.0.....	0.....
YES.....	GRI-H-12.2P.....	P.....	NO.....	0034060.....	09/01/1990.....	.....	01/01/1992.....	11/01/1991.....	M-GAP PLUS.....	7,684.....	5,564.....	72.4.....	1.....	0.....	0.....	0.0.....	0.....
YES.....	GRI-H-PLAN A.....	A.....	NO.....	0034000.....	12/01/1991.....	.....	05/23/2005.....	12/31/2009.....	M-CARE SUPP.....	3,754.....	1,995.....	53.2.....	2.....	0.....	0.....	0.0.....	0.....
YES.....	GRI-H-PLAN G.....	G.....	NO.....	0034000.....	12/01/1991.....	.....	05/23/2005.....	12/31/2009.....	M-CARE SUPP.....	125,558.....	152,279.....	121.3.....	52.....	0.....	0.....	0.0.....	0.....
YES.....	GRI-H-PLAN C.....	C.....	NO.....	0034000.....	12/01/1991.....	.....	05/23/2005.....	12/31/2009.....	M-CARE SUPP.....	7,916.....	2,260.....	28.5.....	2.....	0.....	0.....	0.0.....	0.....
YES.....	GRI-H-PLAN F.....	F.....	NO.....	0034000.....	12/01/1998.....	.....	05/23/2005.....	12/31/2009.....	M-CARE SUPP.....	84,590.....	47,908.....	56.6.....	27.....	0.....	0.....	0.0.....	0.....
0199999. Total Experience on Individual Policies.....										238,099.....	216,912.....	91.1.....	86.....	0.....	0.....	0.0.....	0.....

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719.....
2.2 Contact Person and Phone Number: Michelle White 317-715-7590.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719.....
3.2 Contact Person and Phone Number: Michelle White 317-715-7590.....
4. Explain any policies identified above as policy type "O"......



SUPPLEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF Wisconsin.....
 NAIC Group Code 0707..... NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis, IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

[illegible]

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
- 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
- 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF Wyoming.....
 NAIC Group Code 0707..... NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

[illegible]

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
- 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
- 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF American Samoa.....
 NAIC Group Code 0707..... NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

[illegible]

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
- 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
- 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF Guam.....
 NAIC Group Code 0707..... NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

[illegible]

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
- 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
- 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF Puerto Rico.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis, IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

[illegible]

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details _____
 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719 _____
 2.2 Contact Person and Phone Number: Michelle White 317-715-7590 _____
 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719 _____
 3.2 Contact Person and Phone Number: Michelle White 317-715-7590 _____
 4. Explain any policies identified above as policy type "O". _____



SUPPLEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF U.S. Virgin Islands.....
NAIC Group Code 0707 NAIC Company Code 62286
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
Person Completing This Exhibit Robert S. Coleman
Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2015				Policies Issued in 2016; 2017; 2018			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF Northern Mariana Islands.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

[illegible]

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
- 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
- 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

SCHEDULE O SUPPLEMENT

For The Year Ended December 31, 2018
(To Be Filed by March 1)

Of The Golden Rule Insurance Company
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
NAIC Group Code 0707 NAIC Company Code 62286 Employer's Identification Number (FEIN) 37-6028756

SUPPLEMENTAL SCHEDULE O - PART 1

Development of Incurred Losses
(\$000 Omitted)

Section A - Group Accident and Health

Years in Which Losses Were Incurred		Cumulative Net Amounts Paid Policyholders				
		1 2014	2 2015	3 2016	4 2017	5 2018(a)
1.	Prior	2,410,861	1,274,383			
2.	2014	1,054,446	1,191,507	1,190,018		
3.	2015	XXX	780,421	920,990	917,730	
4.	2016	XXX	XXX	705,745	840,644	840,383
5.	2017	XXX	XXX	XXX	707,981	791,440
6.	2018	XXX	XXX	XXX	XXX	618,501

Section B - Other Accident and Health

1.	Prior	424,416	224,198			
2.	2014	186,667	212,848	211,857		
3.	2015	XXX	134,868	156,320	156,317	
4.	2016	XXX	XXX	107,347	125,863	124,678
5.	2017	XXX	XXX	XXX	112,098	129,210
6.	2018	XXX	XXX	XXX	XXX	125,463

Section C - Credit Accident and Health

1.	Prior					
2.	2014					
3.	2015	XXX				
4.	2016	XXX				
5.	2017	XXX	XXX	XXX		
6.	2018	XXX	XXX	XXX	XXX	

Section D -

1.	Prior					
2.	2014					
3.	2015	XXX				
4.	2016	XXX				
5.	2017	XXX	XXX	XXX		
6.	2018	XXX	XXX	XXX	XXX	

Section E -

1.	Prior					
2.	2014					
3.	2015	XXX				
4.	2016	XXX				
5.	2017	XXX	XXX	XXX		
6.	2018	XXX	XXX	XXX	XXX	

Section F -

1.	Prior					
2.	2014					
3.	2015	XXX				
4.	2016	XXX				
5.	2017	XXX	XXX	XXX		
6.	2018	XXX	XXX	XXX	XXX	

Section G -

1.	Prior					
2.	2014					
3.	2015	XXX				
4.	2016	XXX				
5.	2017	XXX	XXX	XXX		
6.	2018	XXX	XXX	XXX	XXX	

(a) See the Annual Audited Financial Reports section of the annual statement instructions.

SUPPLEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 2

Development of Incurred Losses
(\$000 Omitted)

Section A - Group Accident and Health

Years in Which Losses Were Incurred		Net Amounts Paid for Cost Containment Expenses				
		1 2014	2 2015	3 2016	4 2017	5 2018
1.	Prior	1,881	0	0	0	
2.	2014	12,250	1,477			
3.	2015	XXX	11,521	1,840		
4.	2016	XXX	XXX	11,725	1,969	
5.	2017	XXX	XXX	XXX	14,001	2,165
6.	2018	XXX	XXX	XXX	XXX	10,159

Section B - Other Accident and Health

1.	Prior	104	0	0	0	
2.	2014	2,513	.93			
3.	2015	XXX	2,101	.69		
4.	2016	XXX	XXX	2,078	471	
5.	2017	XXX	XXX	XXX	2,335	.398
6.	2018	XXX	XXX	XXX	XXX	3,025

Section C - Credit Accident and Health

1.	Prior					
2.	2014					
3.	2015	XXX				
4.	2016	XXX	XX			
5.	2017	XXX	XX			
6.	2018	XXX	XXX	XXX	XXX	

Section D -

1.	Prior					
2.	2014					
3.	2015	XXX				
4.	2016	XXX	XX			
5.	2017	XXX	XX			
6.	2018	XXX	XXX	XXX	XXX	

Section E -

1.	Prior					
2.	2014					
3.	2015	XXX				
4.	2016	XXX	XX			
5.	2017	XXX	XX			
6.	2018	XXX	XXX	XXX	XXX	

Section F -

1.	Prior					
2.	2014					
3.	2015	XXX				
4.	2016	XXX	XX			
5.	2017	XXX	XX			
6.	2018	XXX	XXX	XXX	XXX	

Section G -

1.	Prior					
2.	2014					
3.	2015	XXX				
4.	2016	XXX	XX			
5.	2017	XXX	XX			
6.	2018	XXX	XXX	XXX	XXX	

SUPPLEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 3

Development of Incurred Losses
(\$000 Omitted)

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. 2014	1, 199, 802	1, 192, 128	1, 190, 018	XXX	XXX
2. 2015	XXX	925, 405	920, 569	917, 730	XXX
3. 2016	XXX	XXX	849, 850	842, 278	840, 383
4. 2017	XXX	XXX	XXX	837, 281	791, 928
5. 2018	XXX	XXX	XXX	XXX	721, 401

Section B - Other Accident and Health

1. 2014	210, 979	212, 938	211, 857	XXX	XXX
2. 2015	XXX	158, 729	156, 574	156, 317	XXX
3. 2016	XXX	XXX	126, 995	125, 807	124, 678
4. 2017	XXX	XXX	XXX	133, 321	129, 198
5. 2018	XXX	XXX	XXX	XXX	154, 610

Section C - Credit Accident and Health

1. 2014				XXX	XXX
2. 2015	XXX				XXX
3. 2016	XXX				
4. 2017	XXX	XX	XXX		
5. 2018	XXX	XX	XXX	XXX	

Section D -

1. 2014				XXX	XXX
2. 2015	XXX				XXX
3. 2016	XXX				
4. 2017	XX	XX	XXX		
5. 2018	XXX	XX	XXX	XXX	

Section E -

1. 2014				XXX	XXX
2. 2015	XXX				XXX
3. 2016	XXX				
4. 2017	XX	XX	XXX		
5. 2018	XXX	XX	XXX	XXX	

Section F -

1. 2014				XXX	XXX
2. 2015	XXX				XXX
3. 2016	XXX				
4. 2017	XX	XX	XXX		
5. 2018	XXX	XX	XXX	XXX	

Section G -

1. 2014				XXX	XXX
2. 2015	XXX				XXX
3. 2016	XXX				
4. 2017	XX	XX	XXX		
5. 2018	XXX	XX	XXX	XXX	

SUPPLEMENT FOR THE YEAR 2018 OF THE Golden Rule Insurance Company

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 4

Development of Incurred Losses
(\$000 Omitted)

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. 2014	1,212,262	1,193,606	1,190,018		
2. 2015	XXX	937,316	922,409	917,730	
3. 2016	XXX	XXX	862,037	844,215	840,383
4. 2017	XXX	XXX	XXX	851,529	794,094
5. 2018	XXX	XXX	XXX	XXX	731,706

Section B - Other Accident and Health

1. 2014	213,524	213,032	211,857		
2. 2015	XXX	160,880	156,643	156,317	
3. 2016	XXX	XXX	129,124	126,310	124,678
4. 2017	XXX	XXX	XXX	135,679	129,596
5. 2018	XXX	XXX	XXX	XXX	157,650

Section C - Credit Accident and Health

1. 2014					
2. 2015	XXX				
3. 2016	XXX				
4. 2017	XXX	XXX	XXX		
5. 2018	XXX	XXX	XXX	XXX	

Section D -

1. 2014					
2. 2015	XXX				
3. 2016	XXX				
4. 2017	XXX	XXX	XXX		
5. 2018	XXX	XXX	XXX	XXX	

Section E -

1. 2014					
2. 2015	XXX				
3. 2016	XXX				
4. 2017	XXX	XXX	XXX		
5. 2018	XXX	XXX	XXX	XXX	

Section F -

1. 2014					
2. 2015	XXX				
3. 2016	XXX				
4. 2017	XXX	XXX	XXX		
5. 2018	XXX	XXX	XXX	XXX	

Section G -

1. 2014					
2. 2015	XXX				
3. 2016	XXX				
4. 2017	XXX	XXX	XXX		
5. 2018	XXX	XXX	XXX	XXX	

SUPPLEMENTAL SCHEDULE O - PART 5

(\$000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

Line of Business		1 Methodology	2 Amount
1. Industrial Life			
2. Ordinary Life		Standard Factor	608
3. Individual Annuity			
4. Supplementary Contracts			
5. Credit Life			
6. Group Life		Standard Factor	527
7. Group Annuities			
8. Group Accident and Health		Development	103,388
9. Credit Accident and Health			
10. Other Accident and Health		Development	29,135
11. Total			133,658

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